

# Exhibit A



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(54) **REMOTE PRESENCE DISPLAY THROUGH REMOTELY CONTROLLED ROBOT**

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See application file for complete search history.

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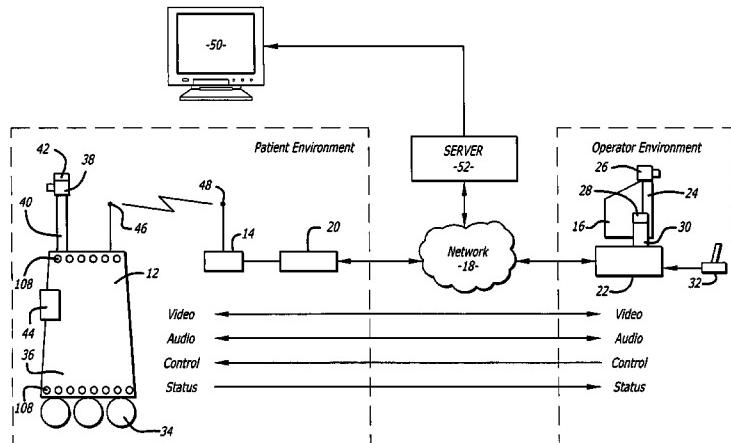
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(57) **ABSTRACT**

A robot system that includes a robot and a remote station. The robot and remote station contain monitors, cameras, speakers and microphones that allow for two-way videoconferencing between a physician at the remote station and a patient in the vicinity of the robot. The system also includes a patient monitor that displays patient information such as an x-ray. The patient monitor can be seen by the patient, and by the physician through the robot camera. The system allows for a physician to remotely review the medical information with the patient.

13 Claims, 8 Drawing Sheets



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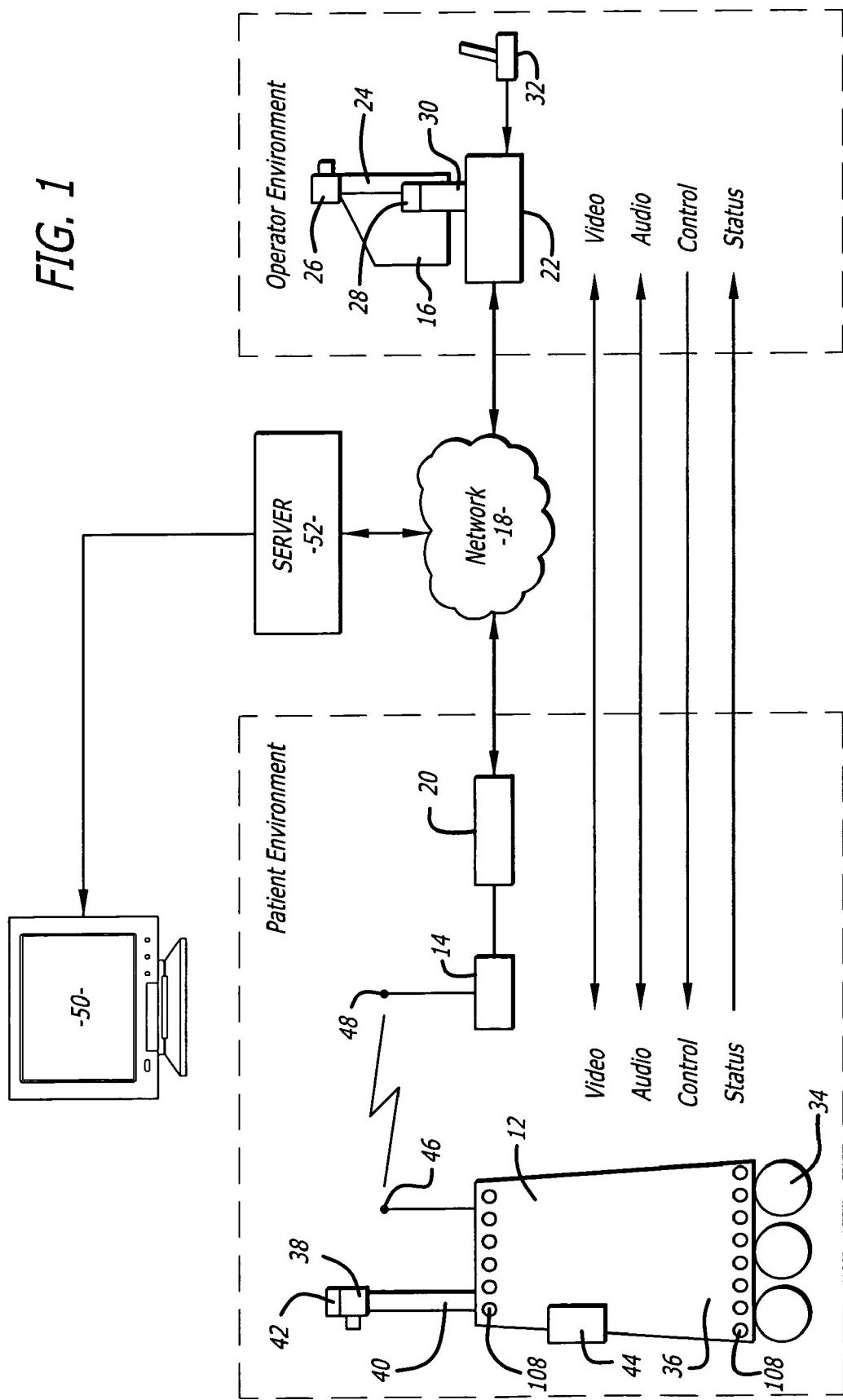
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FIG. 1

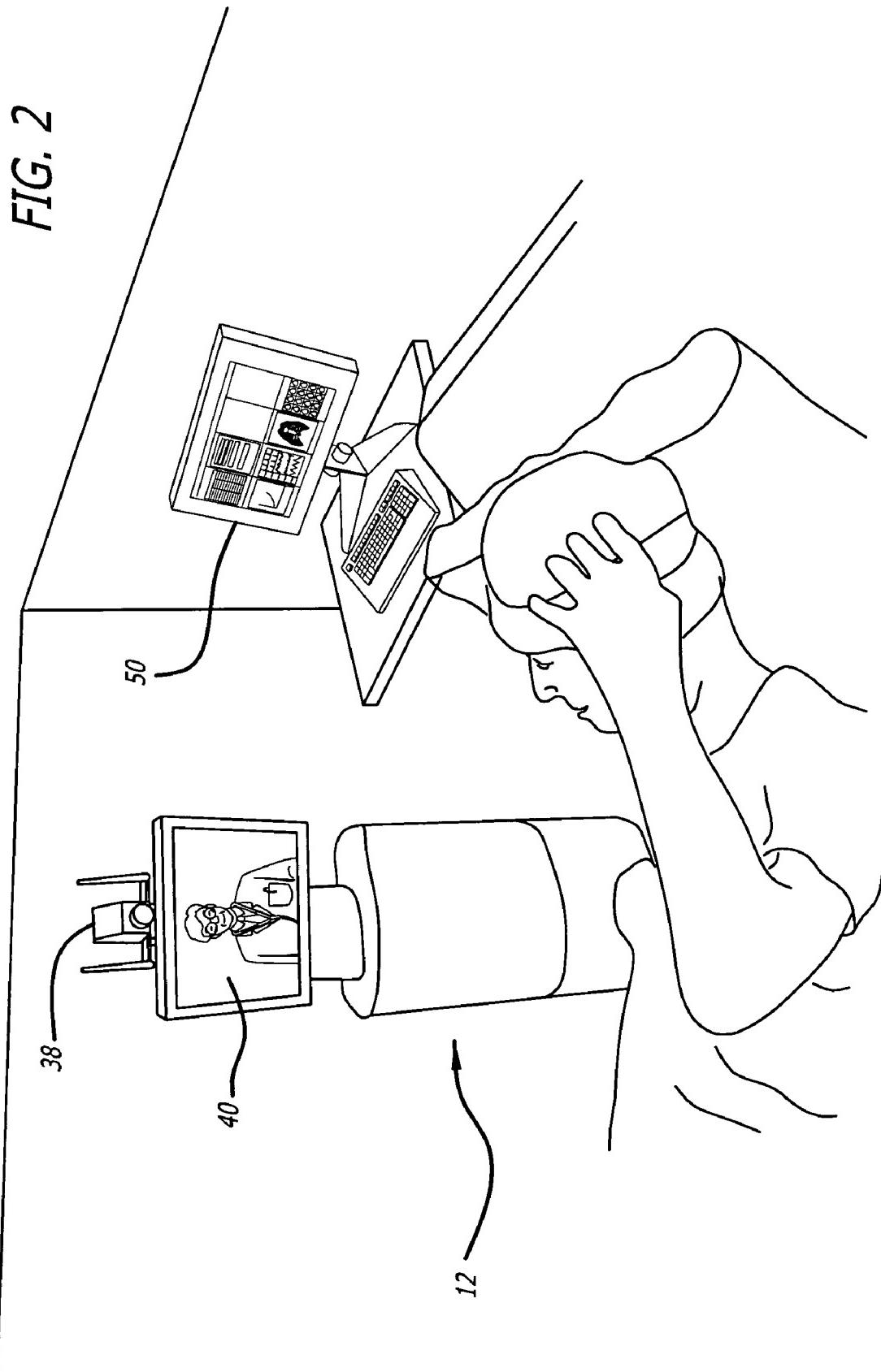


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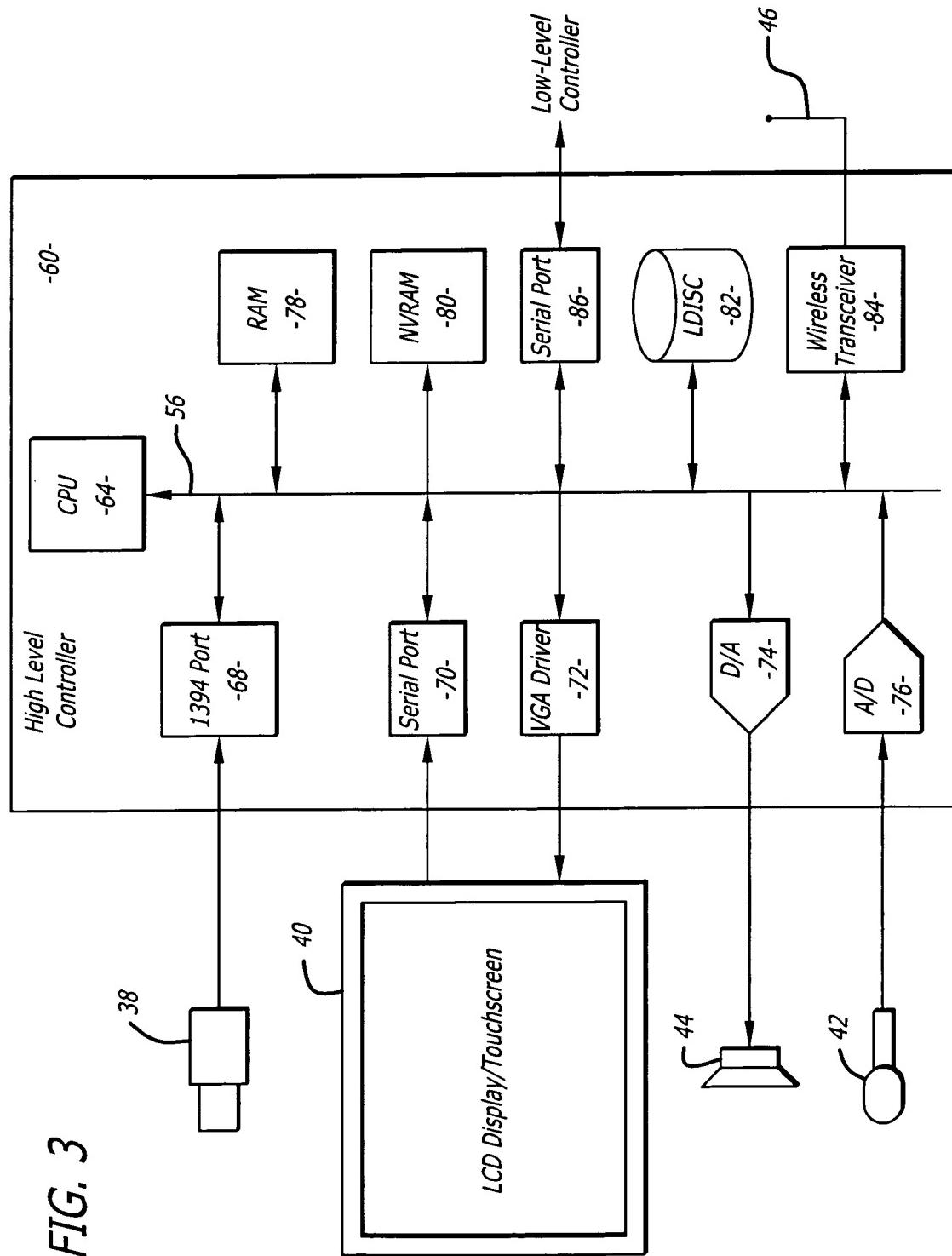


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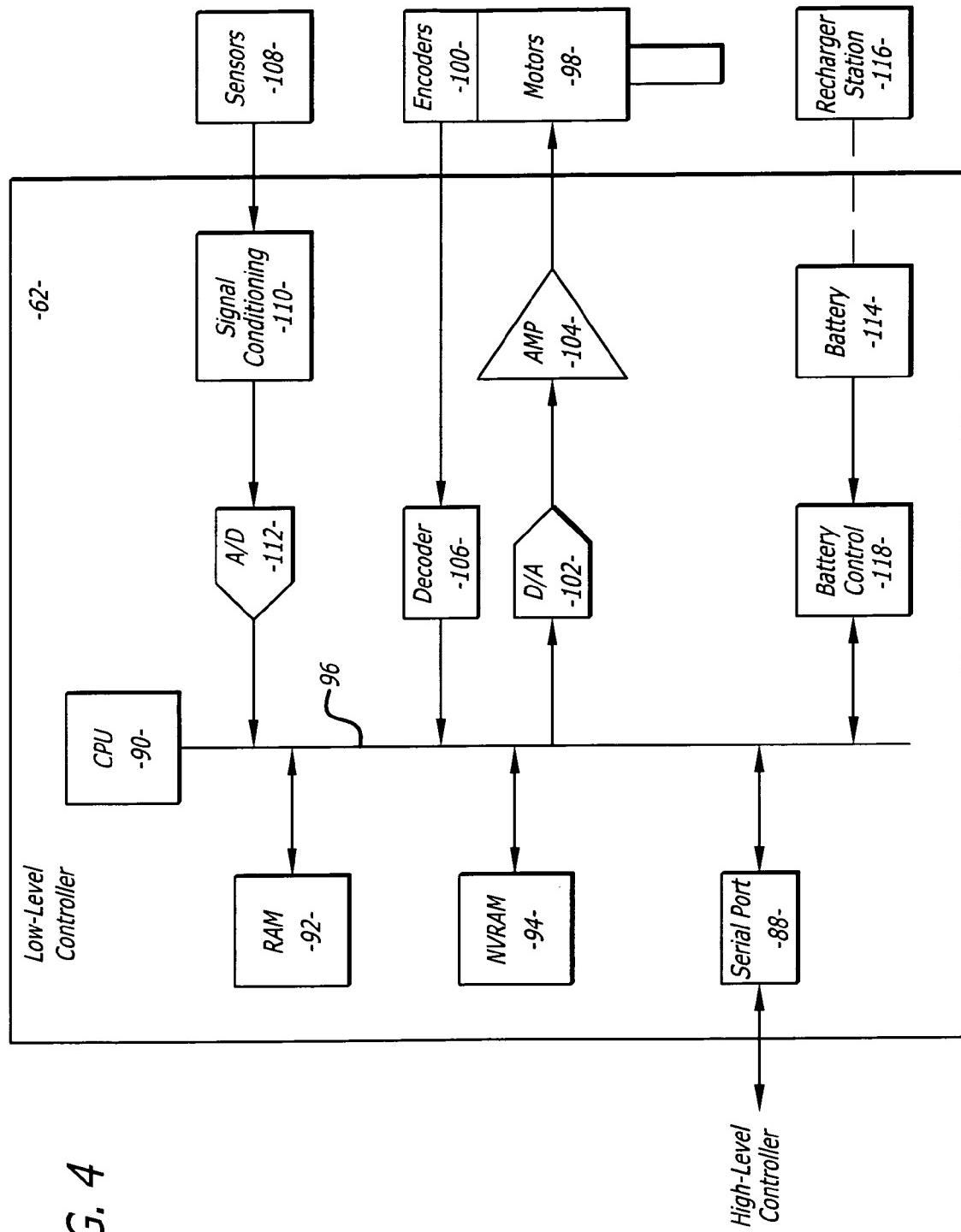


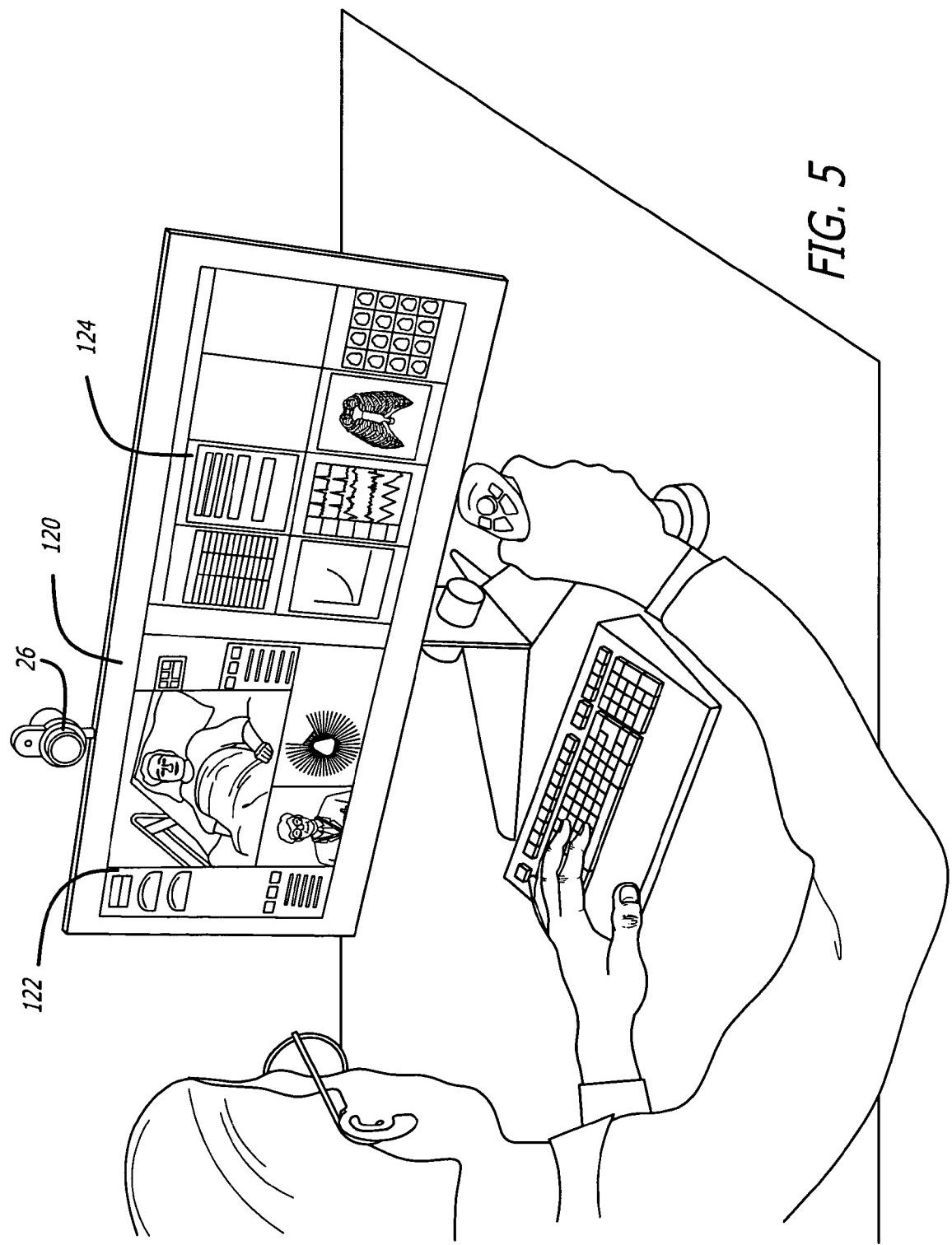
FIG. 4

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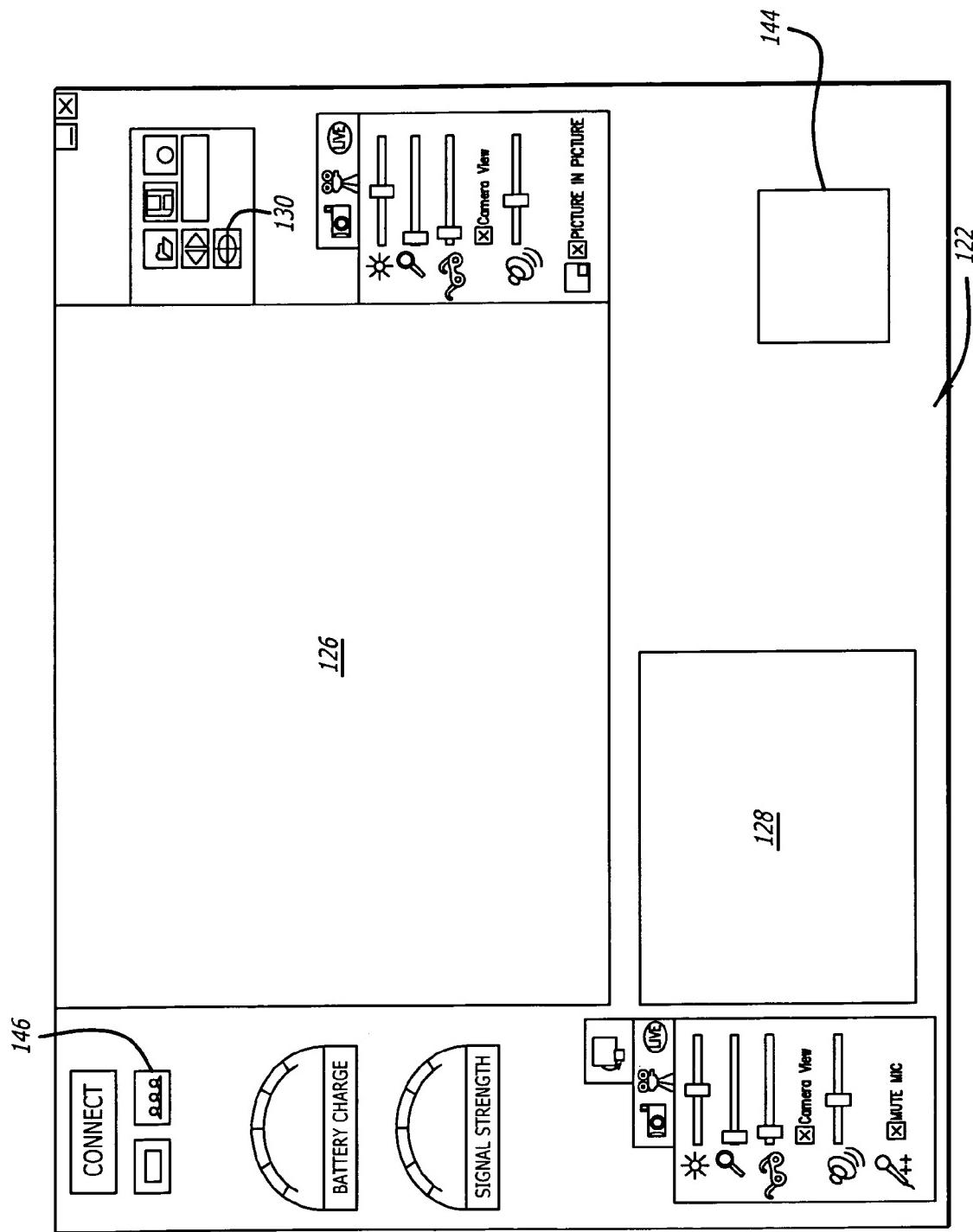


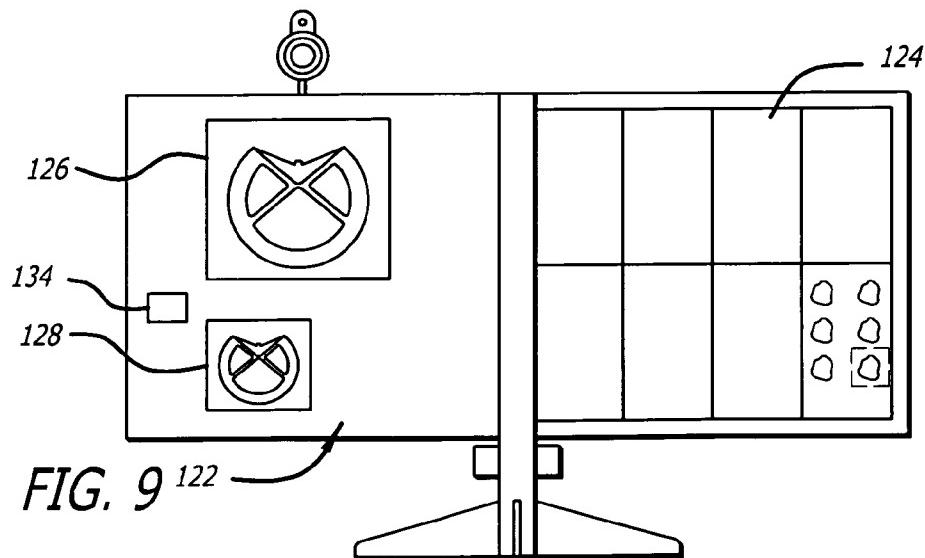
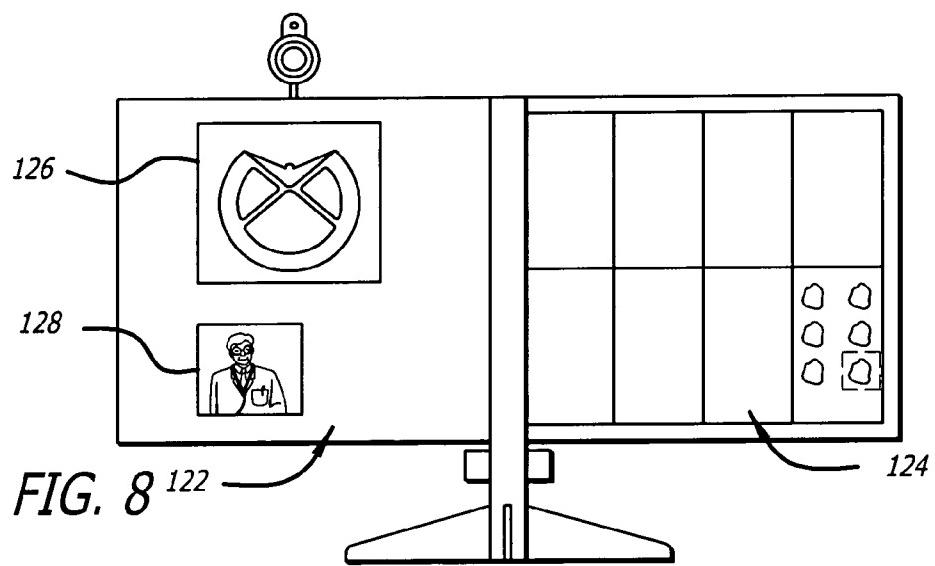
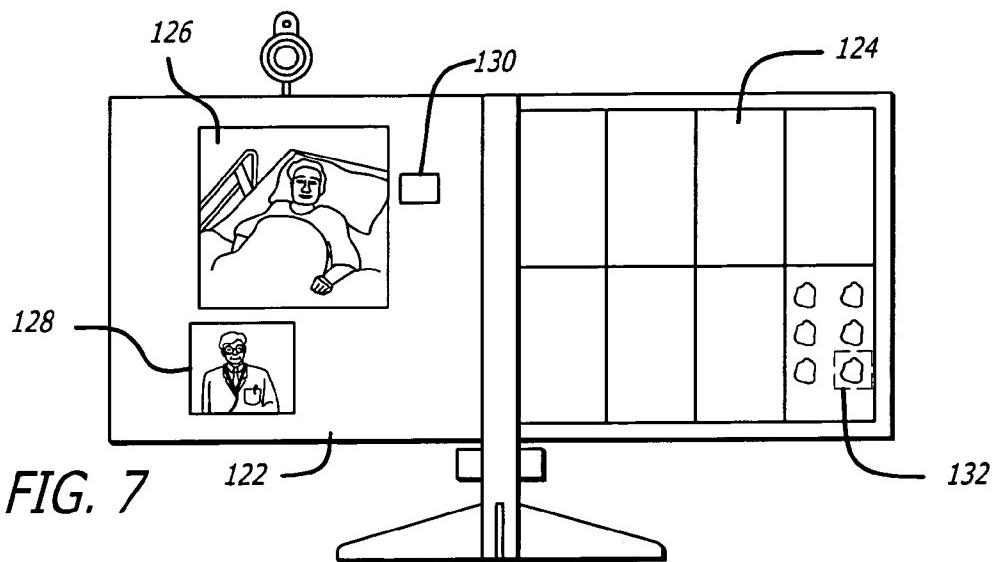
FIG. 6

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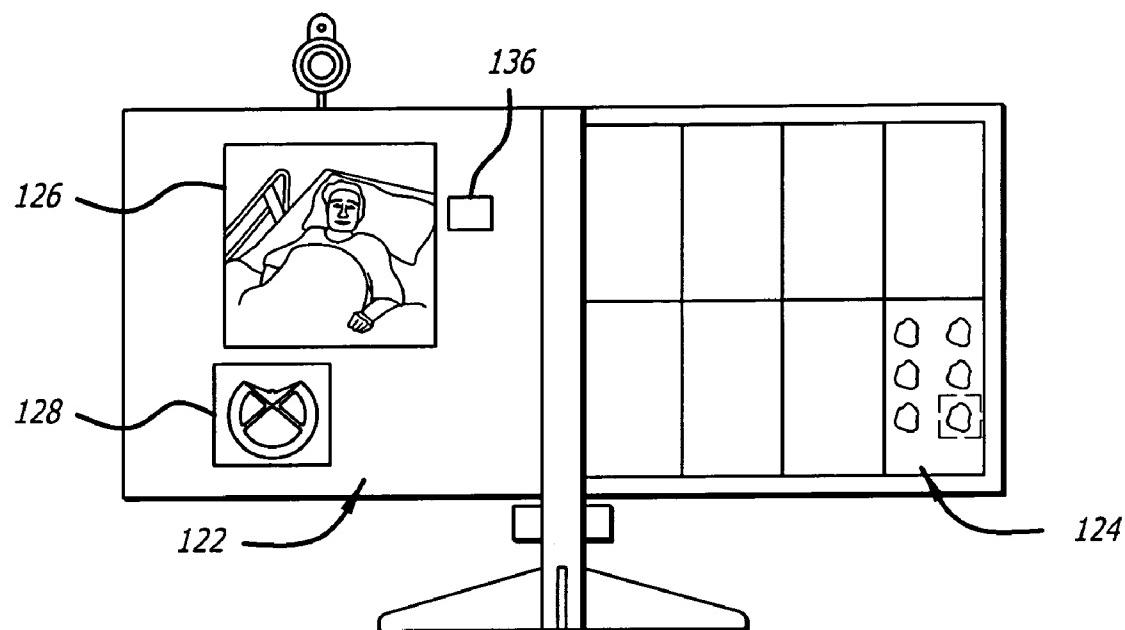


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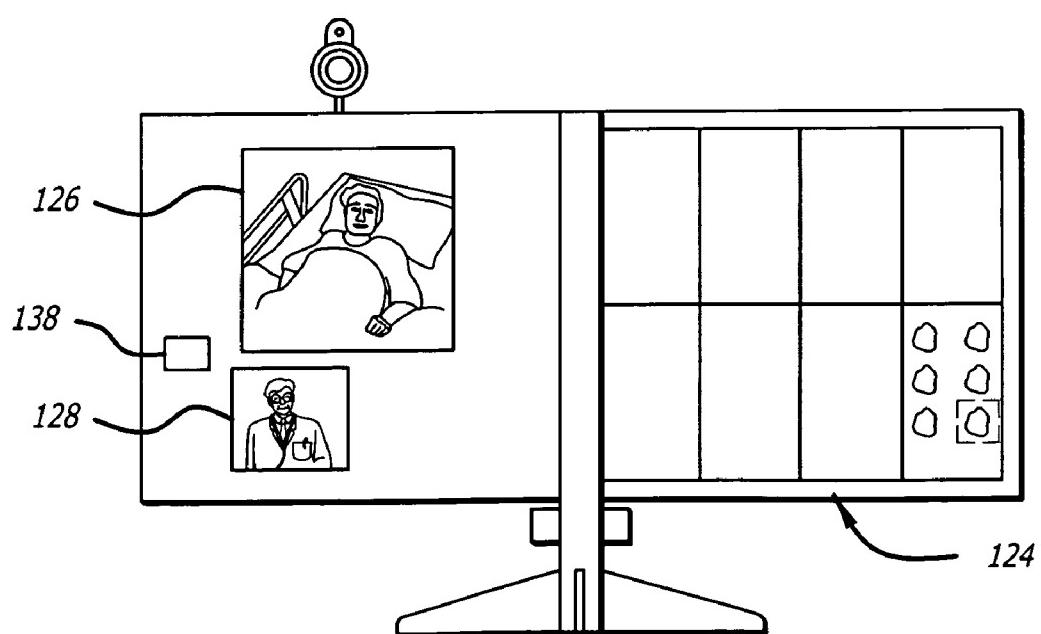
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*FIG. 10*



*FIG. 11*

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**1****REMOTE PRESENCE DISPLAY THROUGH REMOTELY CONTROLLED ROBOT**

## BACKGROUND OF THE INVENTION

## 1. Field of the Invention

The subject matter disclosed generally relates to a system and method to provide patient consultation by a physician.

## 2. Background Information

There has been marketed a mobile robot introduced by InTouch-Health, Inc., the assignee of this application, under the trademarks COMPANION, RP-6 and RP-7. The InTouch robot is controlled by a user at a remote station. The remote station may be a personal computer with a joystick that allows the user to remotely control the movement of the robot. Both the robot and remote station have cameras, monitors, speakers and microphones to allow for two-way video/audio communication.

The InTouch robot has been used by physicians to remotely view and communicate with patients in healthcare facilities. The robot monitor displays an image of the doctor to create a tele-presence of the physician. A doctor can move the robot from room to room of the facility to provide consultation and care for the patient. The cameras, monitors, speakers and microphones of the robot and remote station allow the physician to communicate with the patient through speech and visual images.

It is sometimes desirable to review medical information with the patient. For example, it may be desirable to review an x-ray with a patient while providing consultation through the tele-presence robot. The medical information can be provided to the patient by a medical assistant who is present at the remote patient location. This requires that the assistant be present in the room. Alternatively, the robot monitor can display the medical information. Unfortunately, when the information is displayed by the robot monitor the physician's video image is no longer displayed and the robot does not provide a tele-presence of the doctor. It would be desirable to provide a system that allows a mobile robot to project a presence of a physician while reviewing medical information of a patient without requiring a medical assistant.

## BRIEF SUMMARY OF THE INVENTION

A robot system that includes a remote station coupled to a mobile robot. The mobile robot has a robot monitor that displays an image captured by a remote station camera. Likewise, the remote station has a monitor that displays an image captured by a robot camera. The system further includes a patient monitor that displays patient information that can be captured by the robot camera.

## BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 is an illustration of a robotic system;

FIG. 2 is an illustration of the robotic system being used to provide physician consultation to a patient;

FIG. 3 is a schematic of an electrical system of a robot;

FIG. 4 is a further schematic of the electrical system of the robot;

FIG. 5 is a display user interface of a remote station having a first screen field and a second screen field;

FIG. 6 is a display user interface showing a first screen field;

FIG. 7 is a display user interface showing a portion of the second screen field being highlighted;

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FIG. 8 is a display user interface showing the highlighted portion of the second screen transferred to the first screen;

FIG. 9 is a display user interface showing the highlighted portion of the screen shared with the robot monitor;

5 FIG. 10 is a display user interface showing a live robot camera feed;

FIG. 11 is a display user interface showing a live remote station camera feed.

## DETAILED DESCRIPTION

Disclosed is a robot system that includes a robot and a remote station. The robot and remote station contain monitors, cameras, speakers and microphones that allow for two-way videoconferencing between a physician at the remote station and a patient in the vicinity of the robot. The system also includes a patient monitor that displays patient information such as an x-ray. The patient monitor can be seen by the patient, and by the physician through the robot camera. The system allows for a physician to remotely review the medical information with the patient.

Referring to the drawings more particularly by reference numbers, FIG. 1 shows a system 10. The robotic system includes a robot 12, a base station 14 and a remote control station 16. The remote control station 16 may be coupled to the base station 14 through a network 18. By way of example, the network 18 may be either a packet switched network such as the Internet, or a circuit switched network such as a Public Switched Telephone Network (PSTN) or other broadband system. The base station 14 may be coupled to the network 18 by a modem 20 or other broadband network interface device. By way of example, the base station 14 may be a wireless router. Alternatively, the robot 12 may have a direct connection to the network thru for example a satellite.

The remote control station 16 may include a computer 22 that has a monitor 24, a camera 26, a microphone 28 and a speaker 30. The computer 22 may also contain an input device 32 such as a joystick or a mouse. The control station 16 is typically located in a place that is remote from the robot 12. Although only one remote control station 16 is shown, the system 10 may include a plurality of remote stations. In general any number of robots 12 may be controlled by any number of remote stations 16 or other robots 12. For example, one remote station 16 may be coupled to a plurality of robots 12, or one robot 12 may be coupled to a plurality of remote stations 16, or a plurality of robots 12.

Each robot 12 includes a movement platform 34 that is attached to a robot housing 36. Also attached to the robot housing 36 are a camera 38, a monitor 40, a microphone(s) 42 and a speaker(s) 44. The microphone 42 and speaker 30 may create a stereophonic sound. The robot 12 may also have an antenna 46 that is wirelessly coupled to an antenna 48 of the base station 14. The system 10 allows a user at the remote control station 16 to move the robot 12 through operation of the input device 32. The robot camera 38 is coupled to the remote monitor 24 so that a user at the remote station 16 can view a patient. Likewise, the robot monitor 40 is coupled to the remote camera 26 so that the patient may view the user. The microphones 28 and 42, and speakers 30 and 44, allow for audible communication between the patient and the user. The monitor 40 and camera 38 may move together in two degrees of freedom such as pan and tilt.

The remote station computer 22 may operate Microsoft OS 65 software and WINDOWS XP or other operating systems such as LINUX. The remote computer 22 may also operate a video driver, a camera driver, an audio driver and a joystick driver.

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The video images may be transmitted and received with compression software such as MPEG CODEC.

The system 10 includes a patient monitor 50 that can display patient information. The patient monitor 50 is typically located within a patient's room at a healthcare facility. The patient monitor 50 can be any type of device that can display graphics, video images and text. By way of example, the patient monitor 50 may be a CRT monitor, flat screen, or a laptop computer.

The remote station 16 and patient monitor 50 may be coupled to a server 52 through the network 18. The server 52 may contain electronic medical records of a patient. By way of example, the electronic medical records may include written records of treatment, patient history, medication information, a medical image, such as an x-ray, MRI or CT scan, EKGs, laboratory results, physician notes, etc. The medical records can be retrieved from the server 52 and displayed by the patient monitor 50. The remote station 16 may allow the physician to modify the records and then store the modified records back in the server 52. Although a server 52 is shown and described, it is to be understood that the information may be transferred directly from the remote station 16 to the patient monitor 50 without the server 52. Although a medical application is described, it is to be understood that the system may be used in a non-medical application. For example, the monitor can be a computer monitor at an office or home, and the information can be business or personal in nature.

As shown in FIG. 2, the system allows a physician to review medical information with a patient. The robot 12 displays an image of the physician so that the physician's presence is projected into a patient's room. The patient monitor 50 displays medical information that can be reviewed by the patient. The robot camera 38 allows the physician to see the patient and to view the medical information displayed by the patient monitor 50. By way of example, the patient monitor 50 can display an x-ray of the patient and the physician can discuss the x-ray with the patient through the two-way video conferencing function of the system. The system may also allow the physician to highlight features of the x-ray with a tele-strating function.

FIGS. 3 and 4 show an embodiment of a robot 12. Each robot 12 may include a high level control system 60 and a low level control system 62. The high level control system 60 may include a processor 64 that is connected to a bus 66. The bus is coupled to the camera 38 by an input/output (I/O) port 68, and to the monitor 40 by a serial output port 70 and a VGA driver 72. The monitor 40 may include a touchscreen function that allows the patient to enter input by touching the monitor screen.

The speaker 44 is coupled to the bus 66 by a digital to analog converter 74. The microphone 42 is coupled to the bus 66 by an analog to digital converter 76. The high level controller 60 may also contain random access memory (RAM) device 78, a non-volatile RAM device 80 and a mass storage device 82 that are all coupled to the bus 72. The mass storage device 82 may contain medical files of the patient that can be accessed by the user at the remote control station 16. For example, the mass storage device 82 may contain a picture of the patient. The user, particularly a health care provider, can recall the old picture and make a side by side comparison on the monitor 24 with a present video image of the patient provided by the camera 38. The robot antennae 46 may be coupled to a wireless transceiver 84. By way of example, the transceiver 84 may transmit and receive information in accordance with IEEE 802.11b. The transceiver 84 may also process signals from the medical monitoring device in accordance with IEEE also known as Bluetooth. The robot may

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have a separate antennae to receive the wireless signals from the medical monitoring device.

The controller 64 may operate with a LINUX OS operating system. The controller 64 may also operate MS WINDOWS along with video, camera and audio drivers for communication with the remote control station 16. Video information may be transceived using MPEG CODEC compression techniques. The software may allow the user to send e-mail to the patient and vice versa, or allow the patient to access the Internet. In general the high level controller 60 operates to control communication between the robot 12 and the remote control station 16.

The high level controller 60 may be linked to the low level controller 62 by serial ports 86 and 88. The low level controller 62 includes a processor 90 that is coupled to a RAM device 92 and non-volatile RAM device 94 by a bus 96. Each robot 12 contains a plurality of motors 98 and motor encoders 100. The motors 98 can activate the movement platform and move other parts of the robot such as the monitor and camera. The encoders 100 provide feedback information regarding the output of the motors 98. The motors 98 can be coupled to the bus 96 by a digital to analog converter 102 and a driver amplifier 104. The encoders 100 can be coupled to the bus 96 by a decoder 106. Each robot 12 also has a number of proximity sensors 108 (see also FIG. 1). The position sensors 108 can be coupled to the bus 96 by a signal conditioning circuit 110 and an analog to digital converter 112.

The low level controller 62 runs software routines that mechanically actuate the robot 12. For example, the low level controller 62 provides instructions to actuate the movement platform to move the robot 12. The low level controller 62 may receive movement instructions from the high level controller 60. The movement instructions may be received as movement commands from the remote control station or another robot. Although two controllers are shown, it is to be understood that each robot 12 may have one controller, or more than two controllers, controlling the high and low level functions.

The various electrical devices of each robot 12 may be powered by a battery(ies) 114. The battery 114 may be recharged by a battery recharger station 116. The low level controller 62 may include a battery control circuit 118 that senses the power level of the battery 114. The low level controller 62 can sense when the power falls below a threshold and then send a message to the high level controller 60.

The system may be the same or similar to a robotic system provided by the assignee InTouch-Health, Inc. of Santa Barbara, Calif. under the name RP-6 or RP-7, which is hereby incorporated by reference. The system may also be the same or similar to the system disclosed in application Ser. No. 10/206,457 published on Jan. 29, 2004, which is hereby incorporated by reference.

FIG. 5 shows a visual display 120 of the remote station. The visual display 120 displays a first screen field 122 and a second screen field 124. The two screen fields may be created by two different monitors. Alternatively, the two screen fields may be displayed by one monitor. The first and second screen fields 122 and 124 may be part of an application program(s) stored and operated by the computer 22 of the remote station 16.

FIG. 6 shows a first screen field 122. The first screen field 122 may include a robot view field 126 that displays a video image captured by the camera of the robot. The first field 122 may also include a station view field 128 that displays a video image provided by the camera of the remote station. The first

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field 122 may have a capture button 130 that can be selected to move at least a portion of the record field 124 into the robot view field 126.

As shown in FIGS. 7 and 8, the highlighted portion 132 of the second screen 124 may be copied to the robot view field 126. By way of example, a graphical rectangle may be drawn around a portion of the second field through manipulation of a mouse. The ability to create the rectangle may be enabled by the selection of the capture button 130. The highlighted portion of the second screen 132 may automatically populate the robot view field 126 when the rectangle is completed by the user.

As shown in FIG. 9, the first screen field 122 may have a share button 134 that transfers the contents of the robot image field to the robot monitors. In this manner, the user can transfer the highlighted portion of the second screen field to the robot monitor. The transferred robot field contents are also displayed in the station view field 128. The user can switch back to a live feed from the robot camera by selecting the live button 136, as shown in FIG. 10. Likewise, the robot monitor may display a live feed of the remote station operator by selecting the live button 138, as shown in FIG. 11.

Referring to FIG. 6, the field 122 may have a button 144 that can be selected to transfer the contents of the second screen field 124 to the patient monitor 50. The system may provide the ability to annotate the image displayed in field 126 and/or 128. For example, a doctor at the remote station may annotate some portion of the image captured by the robot camera. The annotated image may be stored by the system. The system may also allow for annotation of images sent to the patient monitor 50 through the button 140. For example, a doctor may send a medical image, such as an x-ray, MRI or CT scan to the patient monitor. The medical image is displayed by the patient monitor 50. The doctor can annotate the medical image to point out a portion of the medical image to personnel located at the robot site. This allows the doctor to review the information with the patient as shown in FIG. 2.

The second screen field may display a variety of different applications. For example, the second field 124 may display patient records, a medical image, etc. By way of example, the record field 124 may be a medical records program provided by Global Care Quest Corp. of Los Angeles, Calif.

While certain exemplary embodiments have been described and shown in the accompanying drawings, it is to be understood that such embodiments are merely illustrative of and not restrictive on the broad invention, and that this invention not be limited to the specific constructions and

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arrangements shown and described, since various other modifications may occur to those ordinarily skilled in the art.

What is claimed is:

1. A medical system for a patient, comprising:  
a patient monitor that displays patient information;  
a mobile robot that has a robot monitor, and a robot camera that captures an image, said robot camera being capable of viewing the patient and said patient monitor; and  
a remote station that is coupled to said mobile robot, said remote station includes a remote station monitor that displays the image captured by said robot camera and a remote station camera that captures an image that is displayed by said robot monitor.
2. The system of claim 1, further comprising a server that is coupled to said remote station and said patient monitor and provides said patient information.
3. The system of claim 1, wherein said patient information is displayed by said remote station monitor.
4. The system of claim 1, further comprising a broadband network that is coupled to said remote station and said mobile robot.
5. The system of claim 1, wherein said robot monitor and said robot camera move together in at least one degree of freedom.
6. The system of claim 1, wherein said patient information includes a medical image.
7. A method for interacting with a patient, comprising:  
moving a mobile robot that has a camera to view a patient and a patient monitor;  
displaying patient information on the patient monitor; and  
conducting a two-way video conference between the patient, and a medical personnel at a remote station that controls movement of the robot.
8. The method of claim 7, wherein the patient information is provided by the remote station.
9. The method of claim 7, wherein the patient information is provided by a server.
10. The method of claim 7, wherein the patient information is displayed by a remote station monitor.
11. The method of claim 7, further comprising transmitting robot control commands from the remote station to the mobile robot through a broadband network.
12. The method of claim 7, further comprising moving together a robot camera and a robot monitor in at least one degree of freedom.
13. The method of claim 7, wherein the patient information includes a medical image.

\* \* \* \* \*

# Exhibit B



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(12) **United States Patent**  
**Wright et al.**

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(45) **Date of Patent:** Nov. 12, 2019

(54) **ROBOTIC BASED HEALTH CARE SYSTEM**

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(51) **Int. Cl.**

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(58) **Field of Classification Search**

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See application file for complete search history.

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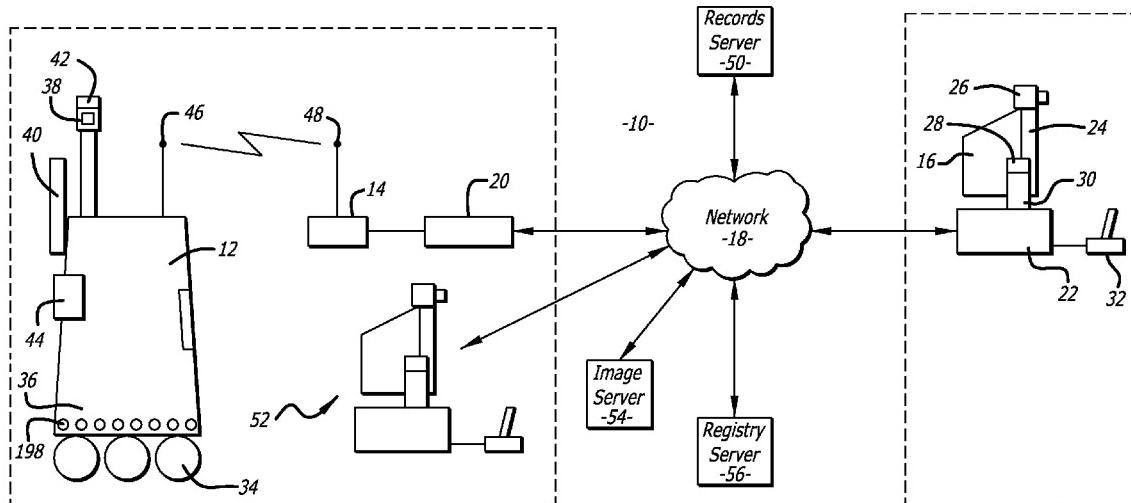
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*Primary Examiner* — George C Monikang

**ABSTRACT**

A robotic system that can be used to treat a patient. The robotic system includes a mobile robot that has a camera. The mobile robot is controlled by a remote station that has a monitor. A physician can use the remote station to move the mobile robot into view of a patient. An image of the patient is transmitted from the robot camera to the remote station monitor. A medical personnel at the robot site can enter patient information into the system through a user interface. The patient information can be stored in a server. The physician can access the information from the remote station. The remote station may provide graphical user interfaces that display the patient information and provide both a medical tool and a patient management plan.

7 Claims, 8 Drawing Sheets



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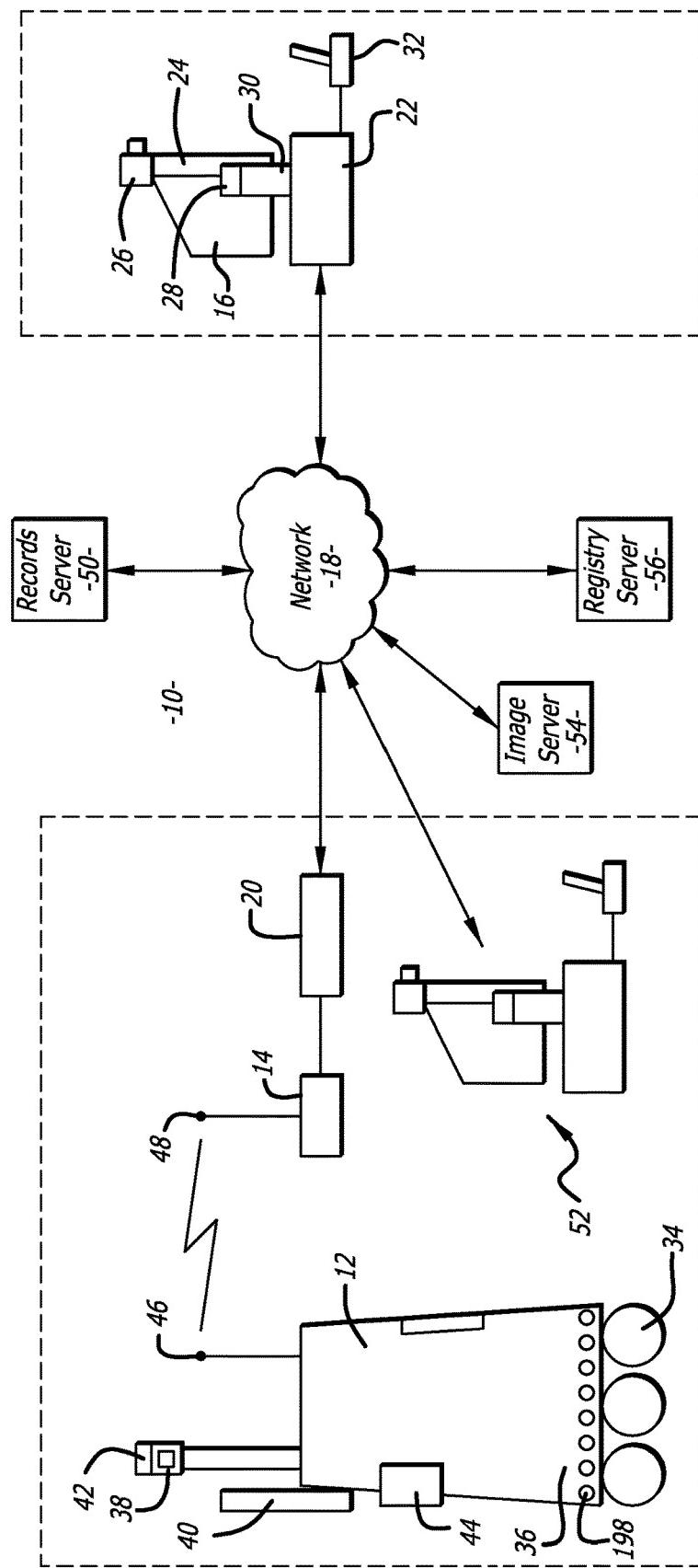
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FIG. 1

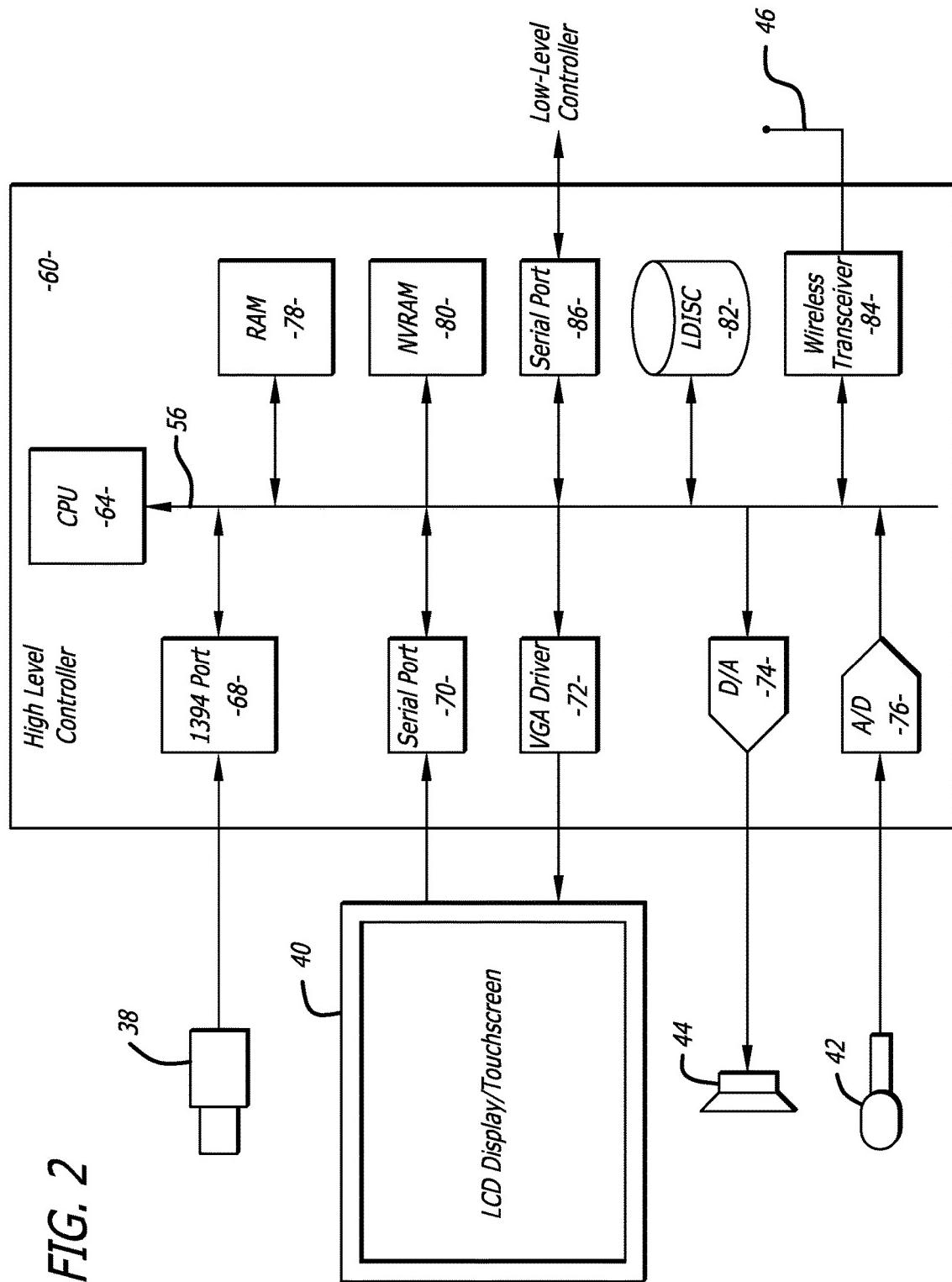


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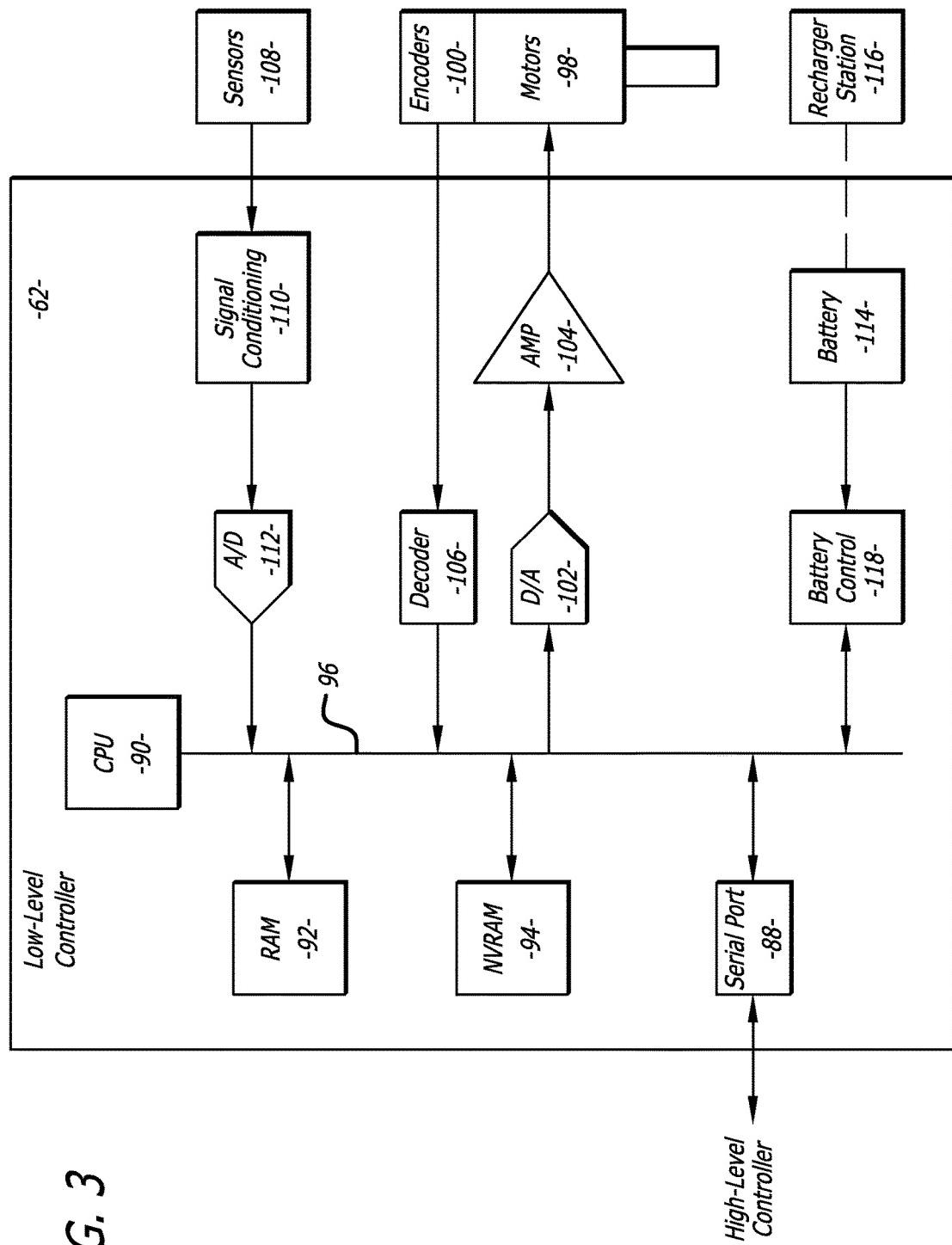


FIG. 3

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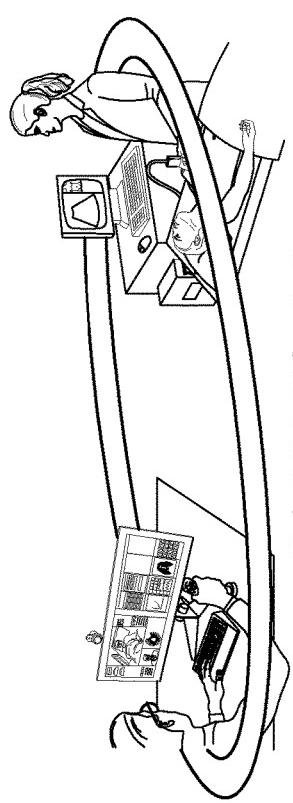
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FIG. 4

Stroke Net Data Patient Information Form-Mozilla Firefox

File Edit View History Bookmarks Tools Help  
https://www.intouchreports.com/strokennet.asp

Stroke Net Patient Information Form



Stroke Net Patient Information Form

1. Patient's Last Name: \_\_\_\_\_

2. Patient's First name: \_\_\_\_\_

3. MRN: \_\_\_\_\_

4. Age: \_\_\_\_\_

5. Gender: Select Male or Female

6. Weight in Kgs: \_\_\_\_\_

7. Heart Rate: \_\_\_\_\_

8. Glucose level: \_\_\_\_\_

9. SBP: \_\_\_\_\_

10. DBP: \_\_\_\_\_

11. Patient History: \_\_\_\_\_

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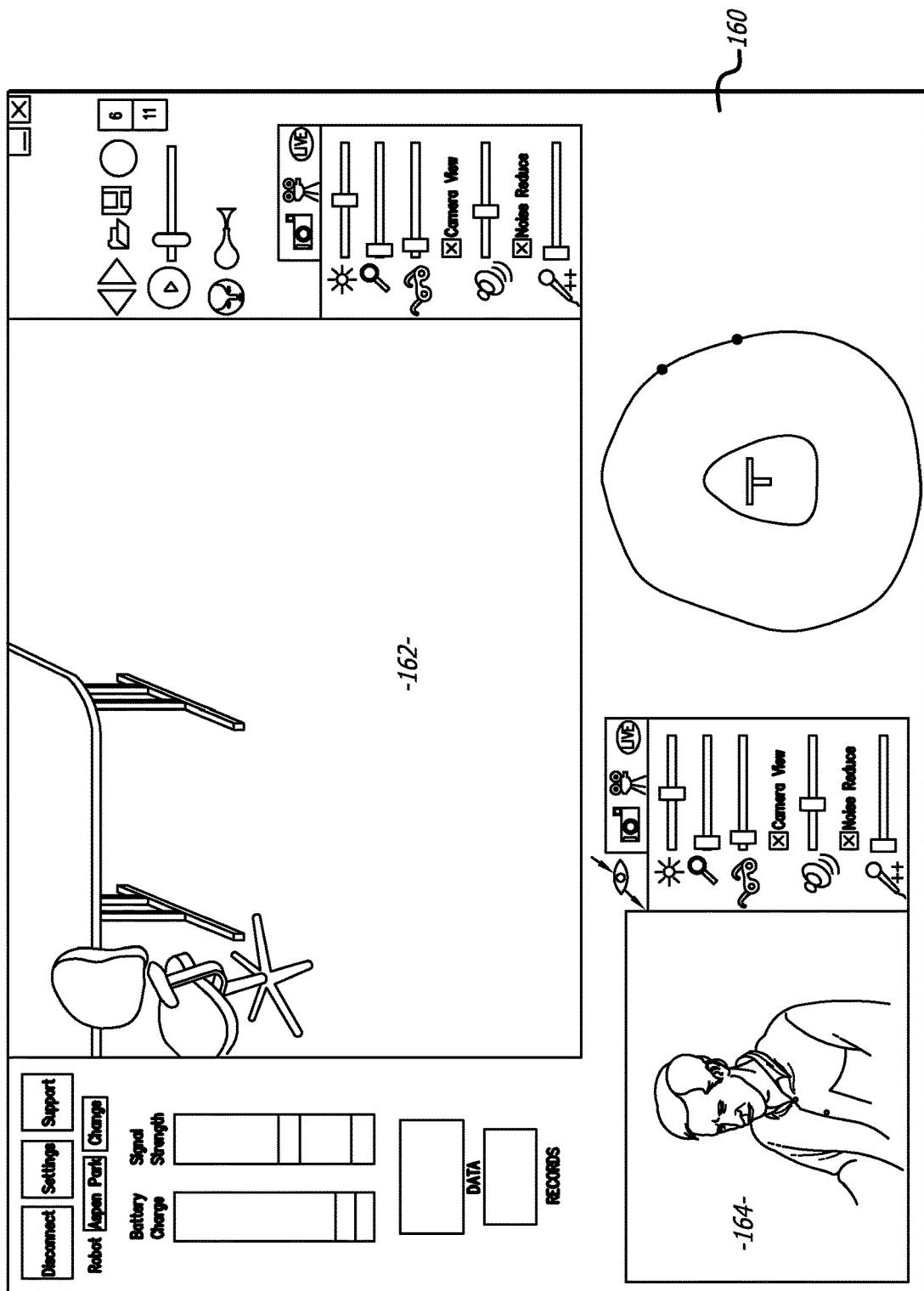


FIG. 5

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ADVANCED CONTROLS				
<a href="#">Start</a>	<a href="#">Patient Info</a>	<a href="#">NIHSS</a>	<a href="#">t-PA</a>	<a href="#">Summary</a>
Last Name: <input type="text" value="KANE"/>	First Name: <input type="text" value="JESSAMINE"/>	3:00:00		
MRN: <input type="text" value="3012296873"/>	Age: <input type="text" value="75"/>	HR 90 BP 120/80 NHSS 3		
Gender: <input type="button" value="FEMALE"/>	Weight: <input type="text" value="50.50"/> Kgs			
Patient History: <input type="checkbox" value="Diabetes"/>	Heart Rate: <input type="text" value="90"/>	<a href="#">View Images</a>		

170      178

FIG. 6

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ADVANCED CONTROLS				
<a href="#">Start</a>	<a href="#">Patient Info</a>	<a href="#">NIHSS</a>	<a href="#">t-PA</a>	<a href="#">Summary</a>
MIH Stroke Scale:				
Level of Consciousness:	<input type="button" value="Please Select"/>	3:00:00		
MOC Questions:	<input type="button" value="Please Select"/> 0 = Alert 1 = Not alert 2 = Not responsive	HR 84 BP 130/90 NHSS		
LOC Commands:				
Best Gaze:	<input type="button" value="Please Select"/>	<a href="#">View Images</a>		

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FIG. 7

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ADVANCED CONTROLS				
Start	Patient Info	NIHSS	t-PA	Summary
Patient Weight:	77.7	Kgs	Total Dose:	Mg
Dosage Options:	3:00:00			
0.9 mg/kg <input checked="" type="radio"/>	192	Bolus Dose:	Mg	HR 84
0.6 mg/kg <input type="radio"/>	(administered IVP over 1 minute)			
Calculate	200	198	Infusion Date:	Mg
Print Order	(to infuse over 60 minutes)			
View Images				

176      194  
196      202

FIG. 8

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FIG. 9

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**1****ROBOTIC BASED HEALTH CARE SYSTEM****CROSS-REFERENCE TO RELATED APPLICATION**

This is a continuation of U.S. application Ser. No. 12/082, 953 filed Apr. 14, 2008 now U.S. Pat. No. 8,179,418.

**BACKGROUND OF THE INVENTION****1. Field of the Invention**

The subject matter disclosed generally relates to the fields of health care and robotics.

**2. Background Information**

The increasing complexity of healthcare and resulting clinical specialization is causing fragmentation of care compromising patient safety and hospital efficiency. There is the need for availability of clinical specialist expertise to cut across time and space as well as the need for standardization and dissemination of best practices and protocols for optimal quality of care for citizens regardless of where they live.

The need for clinical specialist expertise is especially acute in the diagnosis, and treatment of stroke whereby immediate access to expertise and interdisciplinary communication and collaboration is key. Stroke is the second cause of death worldwide and the third leading cause of death in the United States. Recent development of several new therapies including tPA and neuro-endovascular procedures such as coiling offers real hope to change the once bleak prognosis for stroke victims. However, these new therapies are not widely available. Nationally, fewer than 5% of stroke victims are receiving any sort of treatment compared with leading stroke centers where approximately 25% of victims are treated. Most community hospitals do not have the basic patient assessment capability in place on a 24/7 basis nor have they established the appropriate ED treatment protocols. Additionally, only a very few hospitals have the specialists on staff required for neuro-endovascular procedures. Therefore stroke patients are either immediately transferred without proper evaluation or go untreated.

A major challenge in delivering stroke care relates to the time elements of stroke. The adage "time is brain" is often heard. The challenge is to get the right expertise and treatment to the patient at the right time. This encompasses the entire continuum of care from emergency medical services and ambulance transport to evaluation in the ED and definitive treatment. Some stroke care guidelines have been established by the National Institute for Neurological Disorders and Stroke (NINDS). For example, the guidelines suggest getting a patient with symptoms of stroke to stroke expertise (e.g. neurologist, stroke team activation) within fifteen minutes. The use of the word "expertise" here is significant in that the expert need not be physically present next to the patient but could be made available through a consult, for example, over the phone.

**BRIEF SUMMARY OF THE INVENTION**

A robotic system that includes a mobile robot that has a camera. The system also includes a user interface that allows medical information to be entered by a user. The mobile robot is coupled to a remote station that can control movement of the robot. The remote station includes a monitor that is coupled to the mobile robot camera and displays the medical information.

**BRIEF DESCRIPTION OF THE DRAWINGS**

FIG. 1 is an illustration of a robotic system;

FIG. 2 is a schematic of an electrical system of a robot;

**2**

FIG. 3 is a further schematic of the electrical system of the robot;

FIG. 4 is a graphical user interface of a user interface;

FIG. 5 is a graphical user interface at a remote station;

5 FIG. 6 is a graphical user interface at the remote station;

FIG. 7 is a graphical user interface when a NIHSS tab is selected;

FIG. 8 is a graphical user interface displayed when a t-PA table is selected

10 FIG. 9 is a graphical user interface displayed when a view images button is selected.

**DETAILED DESCRIPTION**

15 Disclosed is a robotic system that can be used to treat a patient. The robotic system includes a mobile robot that has a camera. The mobile robot is controlled by a remote station that has a monitor. A physician can use the remote station to move the mobile robot into view of a patient. An image of the patient is transmitted from the robot camera to the remote station monitor. A medical personnel at the robot site can enter patient information into the system through a user interface. The patient information can stored in a server. The physician can access the information from the remote station. 20 The remote station may provide graphical user interfaces that display the patient information and provide a medical tool. By way of example, the remote station may present to the user a NIHSS questionnaire to determine the severity of a stroke. The graphical user interfaces may include an interface that provides a patient management plan such as a calculated dosage. The medical tool and dosage can be transmitted to the user interface so that this information can be viewed by medical personnel in physical proximity to the patient. The system allows a clinical specialist to remotely observe and treat a patient. This is particularly advantageous when treating stroke patients, 25 where time is critical.

30 Referring to the drawings more particularly by reference numbers, FIG. 1 shows a robotic system 10. The robotic system 10 includes one or more robots 12. Each robot 12 has a base station 14. The robot 12 is coupled to a remote control station 16. The remote control station 16 may be coupled to the base station 14 through a network 18. By way of example, the network 18 may be either a packet switched network such as the Internet, or a circuit switched network such as a Public Switched Telephone Network (PSTN) or other broadband system. The base station 14 may be coupled to the network 18 by a modem 20 or other broadband network interface device. By way of example, the base station 14 may be a wireless router. Alternatively, the robot 12 may have a direct connection to the network thru for 35 example a satellite.

40 The remote control station 16 may include a computer 22 that has a monitor 24, a camera 26, a microphone 28 and a speaker 30. The computer 22 may also contain an input device 32 such as a joystick or a mouse. The control station 16 is typically located in a place that is remote from the robot 12. Although only one remote control station 16 is shown, the system 10 may include a plurality of remote stations. In 45 general any number of robots 12 may be controlled by any number of remote stations 16 or other robots 12. For example, one remote station 16 may be coupled to a plurality of robots 12, or one robot 12 may be coupled to a plurality of remote stations 16, or a plurality of robots 12.

50 Each robot 12 includes a movement platform 34 that is attached to a robot housing 36. The robot 12 may also have a camera 38, a monitor 40, a microphone(s) 42 and a

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speaker(s) 44. The microphone 42 and speaker 30 may create a stereophonic sound. The robot 12 may also have an antenna 46 that is wirelessly coupled to an antenna 48 of the base station 14. The system 10 allows a user at the remote control station 16 to move the robot 12 through operation of the input device 32. The robot camera 38 is coupled to the remote monitor 24 so that a user at the remote station 16 can view a patient. Likewise, the robot monitor 40 is coupled to the remote camera 26 so that the patient can view the user. The microphones 28 and 42, and speakers 30 and 44, allow for audible communication between the patient and the user.

The remote station computer 22 may operate Microsoft OS software and WINDOWS XP or other operating systems such as LINUX. The remote computer 22 may also operate a video driver, a camera driver, an audio driver and a joystick driver. The video images may be transmitted and received with compression software such as MPEG CODEC.

The system 10 may include a records server 50 that can be accessed through the network 18. Patient information can be provided to the server 50 through a user interface 52. The user interface 52 may or may not be in close proximity to the robot 12. For example, the user interface may be a computer located at a nurses station where information is entered when a patient checks into a facility. The robot 12 can be moved into view of the patient so that patient information can be entered into the system while a physician is viewing the patient through the robot camera. The physician can remotely move the robot to obtain different viewing angles of the patient. The user interface 52 may be a separate computer terminal. Alternatively, the user interface 52 may be integral with the robot. For example, the robot monitor may be a touch screen that allows a user to enter data into the system through the robot 12. The server 50 may contain other medical records of a patient such as written records of treatment, patient history, medication information, x-rays, EKGs, laboratory results, physician notes, etc.

The system 10 may also include an image server 54 and a registry server 56. The image server 54 may include medical images. For example, the medical images may include CT scans of a patient's brain. The images can be downloaded to one of the remote stations 14 through the network 18. The registry server 56 may store historical data on patients. The historical data can be downloaded to a remote computer 16 through the network 18.

FIGS. 2 and 3 show an embodiment of a robot 12. Each robot 12 may include a high level control system 60 and a low level control system 62. The high level control system 60 may include a processor 64 that is connected to a bus 66. The bus is coupled to the camera 38 by an input/output (I/O) port 68, and to the monitor 40 by a serial output port 70 and a VGA driver 72. The monitor 40 may include a touchscreen function that allows a user to enter input by touching the monitor screen.

The speaker 44 is coupled to the bus 56 by a digital to analog converter 74. The microphone 42 is coupled to the bus 66 by an analog to digital converter 76. The high level controller 60 may also contain random access memory (RAM) device 78, a non-volatile RAM device 80 and a mass storage device 82 that are all coupled to the bus 72. The mass storage device 82 may contain medical files of the patient that can be accessed by the user at the remote control station 16. For example, the mass storage device 82 may contain a picture of the patient. The user, particularly a health care provider, can recall the old picture and make a side by side comparison on the monitor 24 with a present video image of the patient provided by the camera 38. The robot antennae 46 may be coupled to a wireless transceiver 84. By way of

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example, the transceiver 84 may transmit and receive information in accordance with IEEE 802.11b.

The controller 64 may operate with a LINUX OS operating system. The controller 64 may also operate MS WINDOWS along with video, camera and audio drivers for communication with the remote control station 16. Video information may be transceived using MPEG CODEC compression techniques. The software may allow the user to send e-mail to the patient and vice versa, or allow the patient to access the Internet. In general the high level controller 60 operates to control communication between the robot 12 and the remote control station 16.

The high level controller 60 may be linked to the low level controller 62 by a serial port 88. The low level controller 62 includes a processor 90 that is coupled to a RAM device 92 and non-volatile RAM device 94 by a bus 96. Each robot 12 contains a plurality of motors 98 and motor encoders 100. The encoders 100 provide feedback information regarding the output of the motors 98. The motors 98 can be coupled to the bus 96 by a digital to analog converter 102 and a driver amplifier 104. The encoders 100 can be coupled to the bus 86 by a decoder 106. Each robot 12 may have a number of proximity sensors 108 (see also FIG. 1). The sensors 108 can be coupled to the bus 96 by a signal conditioning circuit 110 and an analog to digital converter 112.

The low level controller 62 runs software routines that mechanically actuate the robot 12. For example, the low level controller 62 provides instructions to actuate the movement platform to move the robot 12. The low level controller 62 may receive movement instructions from the high level controller 60. The movement instructions may be received as movement commands from the remote control station or another robot. Although two controllers are shown, it is to be understood that each robot 12 may have one controller, or more than two controllers, controlling the high and low level functions.

The various electrical devices of each robot 12 may be powered by a battery(ies) 114. The battery 114 may be recharged by a battery recharger station 116 (see also FIG. 1). The low level controller 62 may include a battery control circuit 118 that senses the power level of the battery 114. The low level controller 62 can sense when the power falls below a threshold and then send a message to the high level controller 60.

The system may be the same or similar to a robotic system provided by the assignee InTouch Technology, Inc. of Santa Barbara, Calif. under the name RP-7, which is hereby incorporated by reference. The system may also be the same or similar to the system disclosed in U.S. Pat. No. 7,292,912, which is hereby incorporated by reference.

FIG. 4 shows a graphical user interface 150 provided at the user interface 52. The graphical user interface 150 includes a plurality of data fields 152 that can be filled by the user. The data fields 152 can request patient information such as name, age, etc. The data fields may also include request for medical data such as heart rate, glucose level and blood pressure ("SBP" and "DBP").

FIG. 5 shows a display user interface ("DUI") 160 that can be displayed at the remote station 14. The DUI 160 may include a robot view field 162 that displays a video image captured by the camera of the robot. The DUI 160 may also include a station view field 164 that displays a video image provided by the camera of the remote station 14. The DUI 160 may be part of an application program stored and operated by the computer 22 of the remote station 14.

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FIG. 6 shows a graphical user interface 170 that is displayed by the monitor of the remote station 16. The interface 170 includes a “PATIENT INFO” tab 172, a “NIHSS” tab 174 and a “t-PA” tab 176. Selection of the PATIENT INFO tab 172 displays various data fields 178 including patient name, age, weight, heart rate, etc. This may be the same information through the user interface.

FIG. 7 shows an interface 180 when the “NIHSS” tab 174 is selected. The interface 180 has a data field 182 that provides a questionnaire to rate the severity of a stroke 10 victim using the NIHSS stroke scale. This provides a readily available medical tool for the physician.

FIG. 8 shows an interface 190 when the “t-PA” tab 176 is selected. The interface 190 may include a data field 192 that provides the patient’s weight, a “TOTAL DOSE” data field 194, a “BOLUS DOSE” data field 196 and an “INFUSION DOSE” data field 198. The interface 190 may also include a “CALCULATE” button 200. When the CALCULATE button 182 is selected the data fields 194, 196 and 198 are automatically populated with a calculated dosage. This provides a patient management plan for the physician to review. The interfaces 170, 180 and 190 also have a “VIEW IMAGES” button 202 that when selected displays an interface 210 shown in FIG. 9. The interface 210 includes a data field 212 and an image field 214. The image field 214 can provide a plurality of medical images such as a CT scan of the patient’s head.

The system is useful for allowing a physician to remotely view and treat a stroke patient. The system provides patient information, NIHSS stroke severity assessment, calculated t-PA dosage and CT head images that allow the physician to provide real time remote patient treatment.

While certain exemplary embodiments have been described and shown in the accompanying drawings, it is to be understood that such embodiments are merely illustrative of and not restrictive on the broad invention, and that this invention not be limited to the specific construction’s and arrangements shown and described, since various other modifications may occur to those ordinarily skilled in the art.

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What is claimed is:

1. A robotic system, comprising:

a network;

a robot in the vicinity of a patient and coupled to the network, the robot having a robot camera, a robot monitor, a robot microphone, and a robot speaker, the robot camera captures an image of the patient;

a computer at a nurses station that displays a user interface, the user interface allows medical information to be entered by displaying a plurality of data fields that include at least one patient information field and at least one medical data field that are filled by a user at the computer, said computer is separate from said robot and is coupled to the network independently of the robot; and,

a remote station located remotely from both the robot and the computer at the nurses station, the remote station is coupled to said robot via the network and controls said robot, said remote station includes a monitor that displays both the image of the patient and said patient information and said medical data provided by the user at the computer at the nurses station.

2. The system of claim 1, further comprising a records server that is coupled to said remote station and said user interface and stores said medical information.

3. The system of claim 1, further comprising an image server that is coupled to said remote station and stores a plurality of medical images.

4. The system of claim 2, wherein said medical information includes patient statistics.

5. The system of claim 1, wherein said remote station provides a medical tool.

6. The system of claim 1, wherein said remote station provides a graphical user interface that can receive information and display a patient management plan.

7. The system of claim 6, wherein said medical tool is a stroke evaluation.

\* \* \* \* \*

# Exhibit C



US008179418B2

(12) **United States Patent**  
**Wright et al.**

(10) **Patent No.:** US 8,179,418 B2  
(45) **Date of Patent:** \*May 15, 2012

(54) **ROBOTIC BASED HEALTH CARE SYSTEM**

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(\*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 1052 days.

This patent is subject to a terminal disclaimer.

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**H04N 7/14** (2006.01)

**G05B 15/00** (2006.01)

**G06F 19/00** (2011.01)

(52) **U.S. Cl.** ..... **348/14.05**; 283/54; 283/115; 318/567; 318/568.11; 434/262; 600/300; 700/245; 700/258; 700/259; 700/264; 705/2; 705/3; 715/719

(58) **Field of Classification Search** ..... 318/567, 318/568.11; 348/14.05; 600/300; 700/245, 700/258, 259, 264; 901/1; 283/54, 115; 434/262; 705/2, 3; 715/719

See application file for complete search history.

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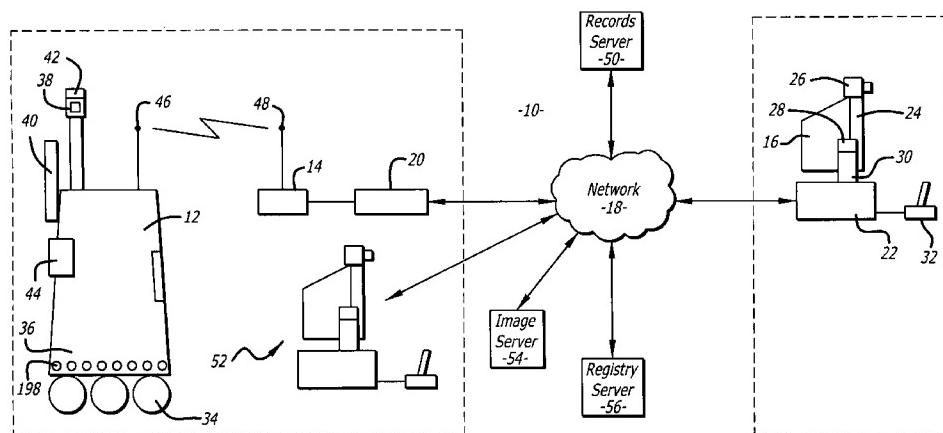
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(57) **ABSTRACT**

A robotic system that can be used to treat a patient. The robotic system includes a mobile robot that has a camera. The mobile robot is controlled by a remote station that has a monitor. A physician can use the remote station to move the mobile robot into view of a patient. An image of the patient is transmitted from the robot camera to the remote station monitor. A medical personnel at the robot site can enter patient information into the system through a user interface. The patient information can be stored in a server. The physician can access the information from the remote station. The remote station may provide graphical user interfaces that display the patient information and provide both a medical tool and a patient management plan.

**24 Claims, 8 Drawing Sheets**



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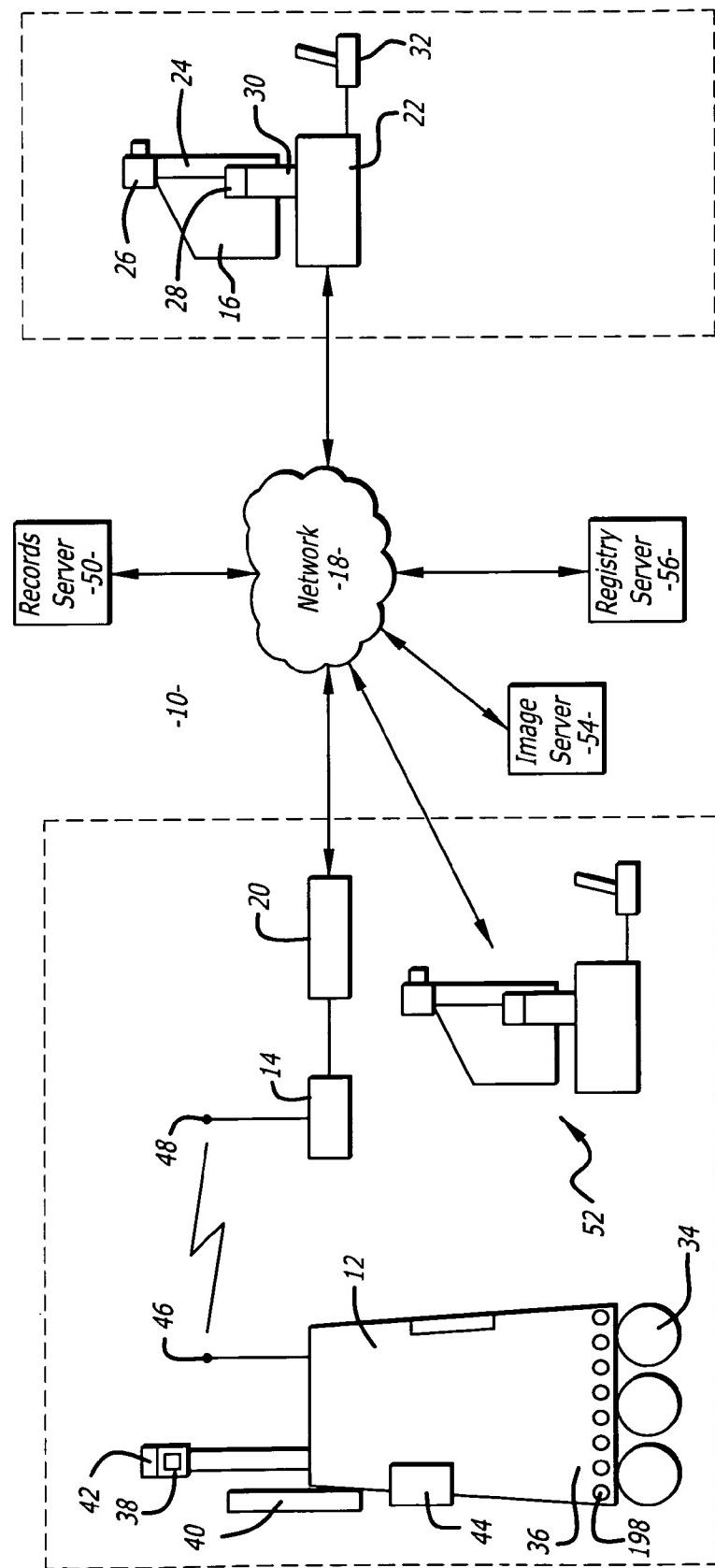
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FIG. 1

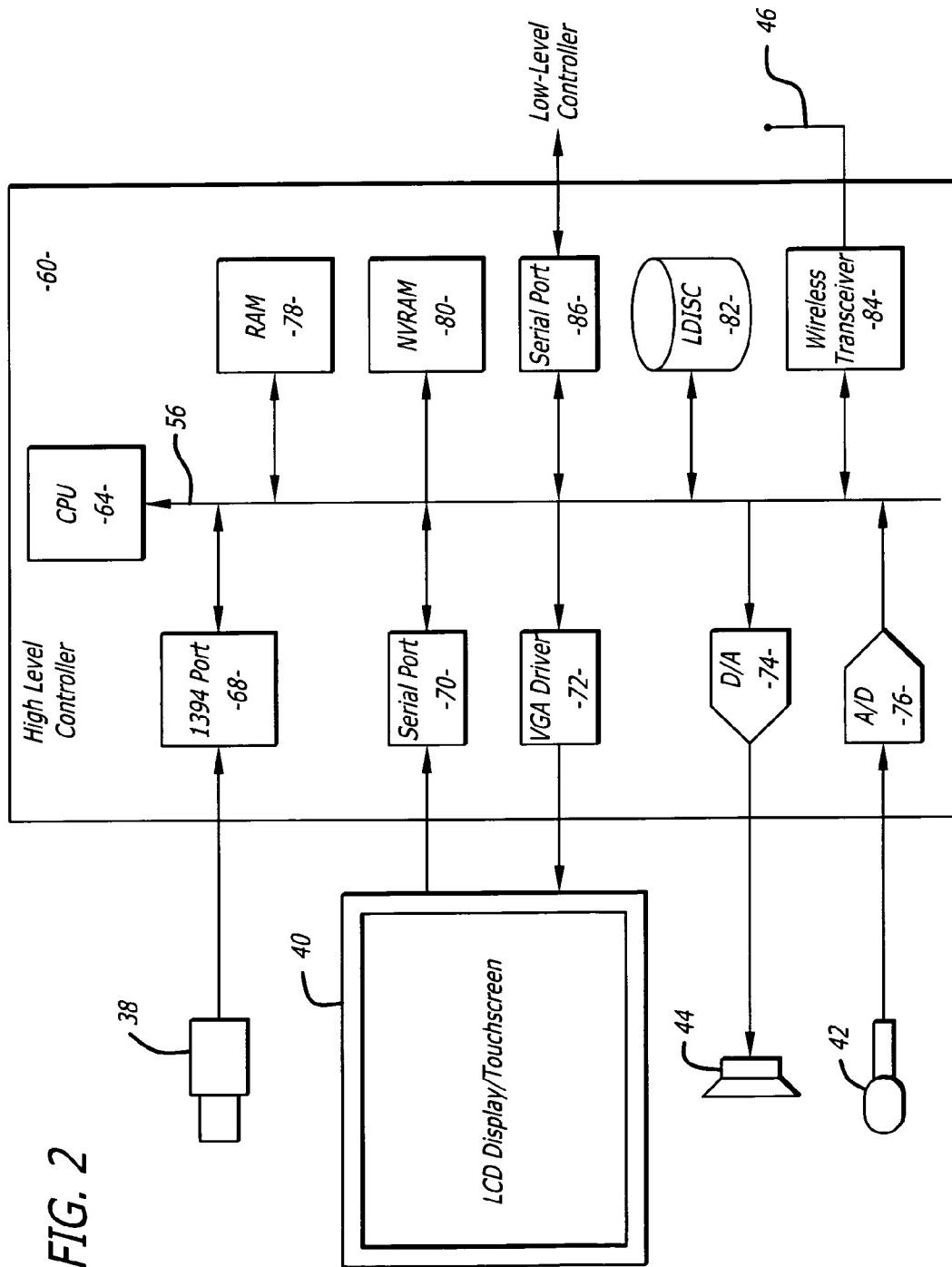


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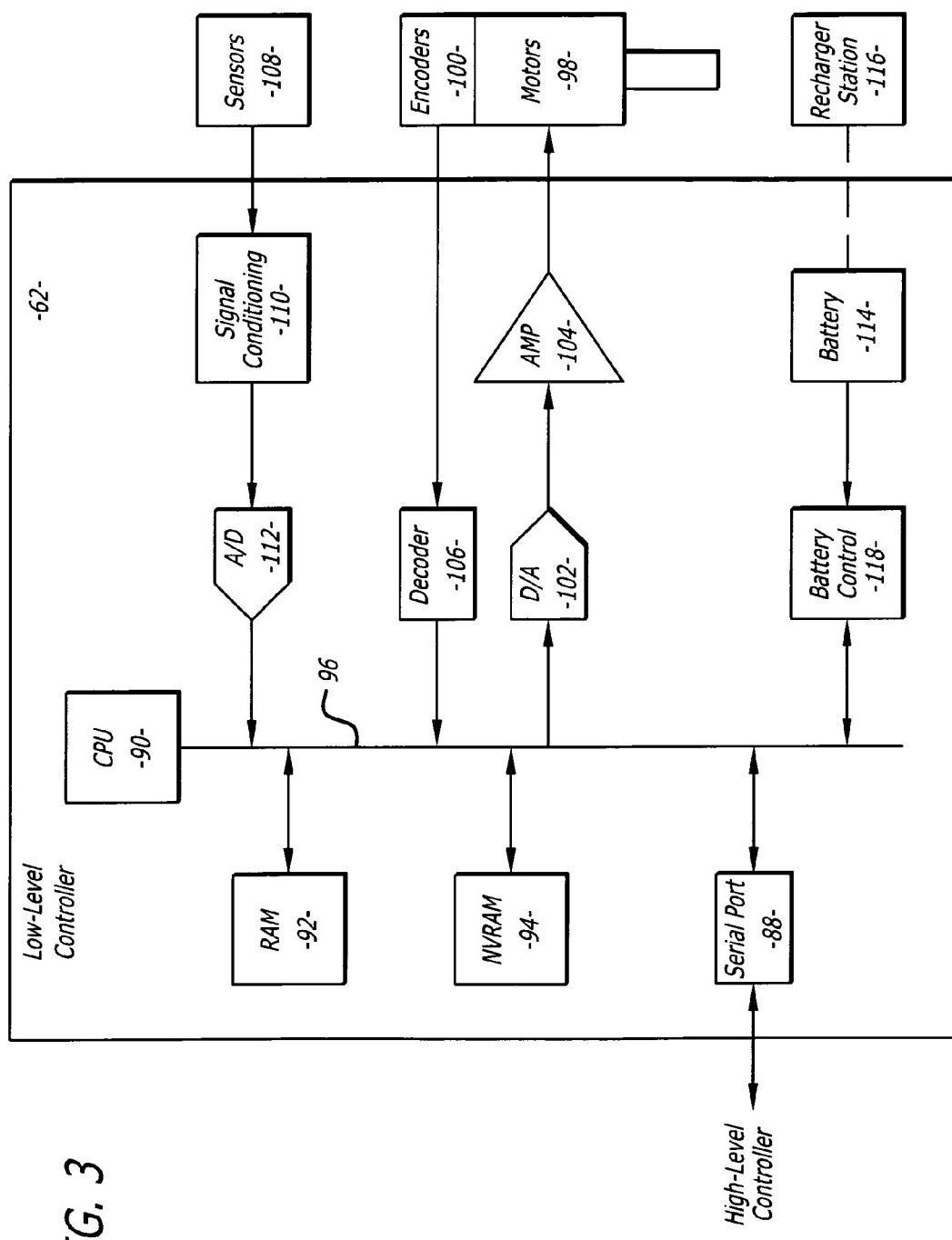


FIG. 3

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*FIG. 4*

Stroke Net Data Patient Information Form-Mozilla Firefox

File Edit View History Bookmarks Tools Help

https://www.intouchreports.com/strokeNet.asp

Stroke Net Patient Information Form

1. Patient's Last Name: \_\_\_\_\_

2. Patient's First name: \_\_\_\_\_

3. MRN: \_\_\_\_\_

4. Age: \_\_\_\_\_

5. Gender  Select Male or Female

6. Weight in Kgs: \_\_\_\_\_

7. Heart Rate: \_\_\_\_\_

8. Glucose level: \_\_\_\_\_

9. SBP: \_\_\_\_\_

10. DBP: \_\_\_\_\_

11. Patient History: \_\_\_\_\_

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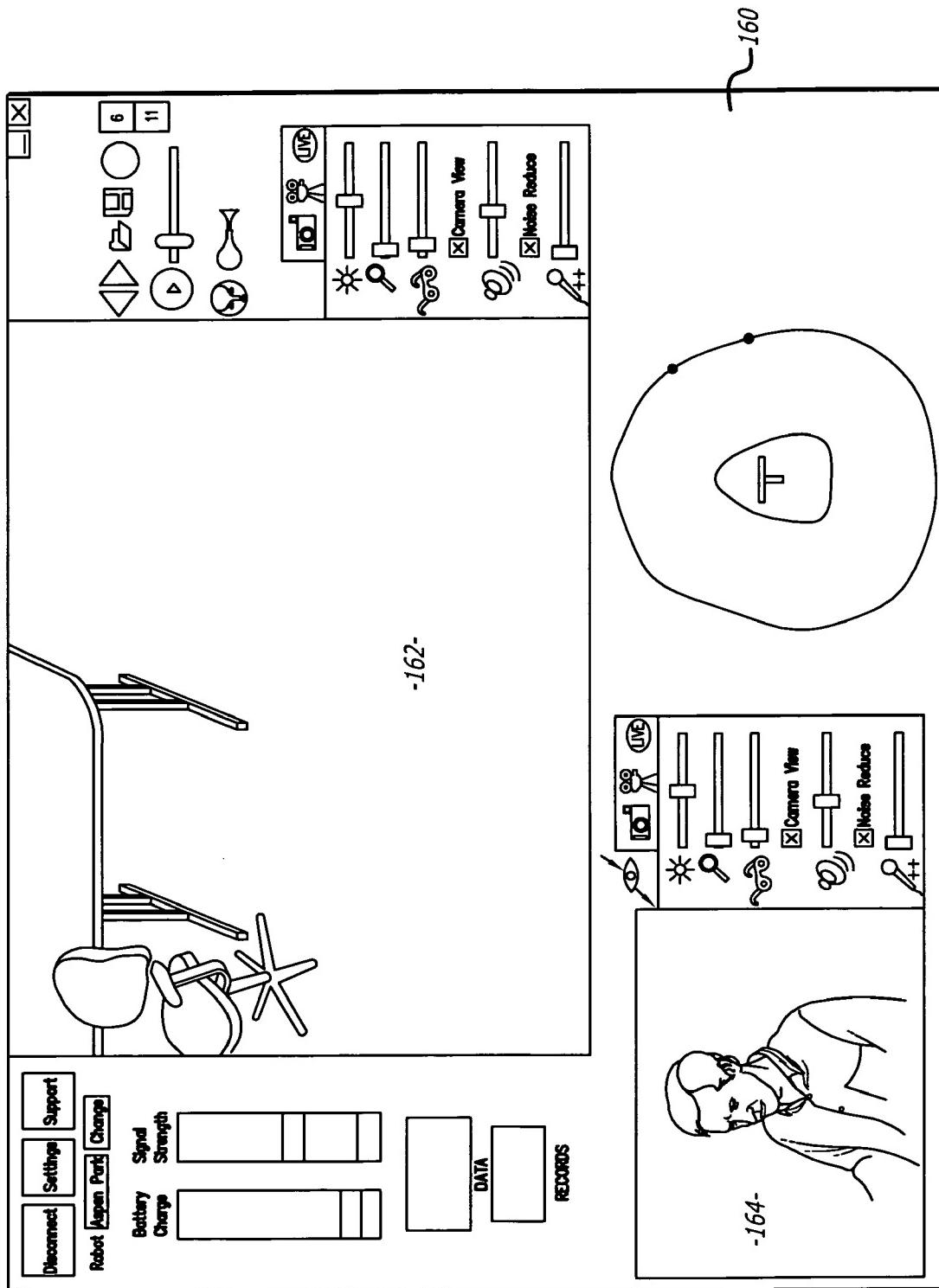


FIG. 5

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172      174      176

ADVANCED CONTROLS				
Start	Patient Info	NIHSS	t-PA	Summary
Last Name: <input type="text" value="KANE"/>	First Name: <input type="text" value="JESSAMINE"/>	3:00:00		
MRN: <input type="text" value="3012296873"/>	Age: <input type="text" value="75"/>	HR 90 BP 120/80 NHSS 3		
Gender: <input type="text" value="FEMALE"/>	Weight: <input type="text" value="50.50"/> Kgs			
Patient History: <input type="checkbox"/> Diabetes		Heart Rate: <input type="text" value="90"/>	View Images	
178				

170

FIG. 6

174

ADVANCED CONTROLS				
Start	Patient Info	NIHSS	t-PA	Summary
MIH Stroke Scale:				
Level of Consciousness: Please Select:				
MOC Questions: Please Select: 0 = Alert 1 = Not alert 2 = Not responsive				
LOC Commands: Please Select:				
Best Gaze: Please Select:				
3:00:00 HR 84 BP 130/90 NHSS View Images				
182				

180

FIG. 7

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ADVANCED CONTROLS				
Start	Patient Info	NIHSS	t-PA	Summary
Patient Weight: 77.7	Kgs	Total Dose:	Mg	3:00:00
Dosage Options:		Bolus Dose:	Mg	HR 84
0.9 mg/kg <input checked="" type="radio"/>		(administered IVP over 1 minute)		BP 130/90
0.6 mg/kg <input type="radio"/>		Infusion Date: 198 Mg		NHSS
Calculate		(to infuse over 60 minutes)		View Images
Print Order				202

192 194 176 196 200

198

FIG. 8

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FIG. 9

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**1****ROBOTIC BASED HEALTH CARE SYSTEM**

## BACKGROUND OF THE INVENTION

## 1. Field of the Invention

The subject matter disclosed generally relates to the fields of health care and robotics.

## 2. Background Information

The increasing complexity of healthcare and resulting clinical specialization is causing fragmentation of care compromising patient safety and hospital efficiency. There is the need for availability of clinical specialist expertise to cut across time and space as well as the need for standardization and dissemination of best practices and protocols for optimal quality of care for citizens regardless of where they live.

The need for clinical specialist expertise is especially acute in the diagnosis and treatment of stroke whereby immediate access to expertise and interdisciplinary communication and collaboration is key. Stroke is the second cause of death worldwide and the third leading cause of death in the United States. Recent development of several new therapies including tPA and neuro-endovascular procedures such as coiling offers real hope to change the once bleak prognosis for stroke victims. However, these new therapies are not widely available. Nationally, fewer than 5% of stroke victims are receiving any sort of treatment compared with leading stroke centers where approximately 25% of victims are treated. Most community hospitals do not have the basic patient assessment capability in place on a 24/7 basis nor have they established the appropriate ED treatment protocols. Additionally, only a very few hospitals have the specialists on staff required for neuro-endovascular procedures. Therefore stroke patients are either immediately transferred without proper evaluation or go untreated.

A major challenge in delivering stroke care relates to the time elements of stroke. The adage "time is brain" is often heard. The challenge is to get the right expertise and treatment to the patient at the right time. This encompasses the entire continuum of care from emergency medical services and ambulance transport to evaluation in the ED and definitive treatment. Some stroke care guidelines have been established by the National Institute for Neurological Disorders and Stroke (NINDS). For example, the guidelines suggest getting a patient with symptoms of stroke to stroke expertise (e.g. neurologist, stroke team activation) within fifteen minutes. The use of the word "expertise" here is significant in that the expert need not be physically present next to the patient but could be made available through a consult, for example, over the phone.

## BRIEF SUMMARY OF THE INVENTION

A robotic system that includes a mobile robot that has a camera. The system also includes a user interface that allows medical information to be entered by a user. The mobile robot is coupled to a remote station that can control movement of the robot. The remote station includes a monitor that is coupled to the mobile robot camera and displays the medical information.

## BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 is an illustration of a robotic system;  
 FIG. 2 is a schematic of an electrical system of a robot;  
 FIG. 3 is a further schematic of the electrical system of the robot;  
 FIG. 4 is a graphical user interface of a user interface;

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FIG. 5 is a graphical user interface at a remote station;  
 FIG. 6 is a graphical user interface at the remote station;  
 FIG. 7 is a graphical user interface when a NIHSS tab is selected;

5 FIG. 8 is a graphical user interface displayed when a t-PA table is selected

FIG. 9 is a graphical user interface displayed when a view images button is selected.

10

## DETAILED DESCRIPTION

Disclosed is a robotic system that can be used to treat a patient. The robotic system includes a mobile robot that has a camera. The mobile robot is controlled by a remote station that has a monitor. A physician can use the remote station to move the mobile robot into view of a patient. An image of the patient is transmitted from the robot camera to the remote station monitor. A medical personnel at the robot site can enter patient information into the system through a user interface. The patient information can be stored in a server. The physician can access the information from the remote station. The remote station may provide graphical user interfaces that display the patient information and provide a medical tool. By way of example, the remote station may present to the user a NIHSS questionnaire to determine the severity of a stroke. The graphical user interfaces may include an interface that provides a patient management plan such as a calculated dosage. The medical tool and dosage can be transmitted to the user interface so that this information can be viewed by medical personnel in physical proximity to the patient. The system allows a clinical specialist to remotely observe and treat a patient. This is particularly advantageous when treating stroke patients, where time is critical.

Referring to the drawings more particularly by reference numbers, FIG. 1 shows a robotic system 10. The robotic system 10 includes one or more robots 12. Each robot 12 has a base station 14. The robot 12 is coupled to a remote control station 16. The remote control station 16 may be coupled to the base station 14 through a network 18. By way of example, the network 18 may be either a packet switched network such as the Internet, or a circuit switched network such as a Public Switched Telephone Network (PSTN) or other broadband system. The base station 14 may be coupled to the network 18 by a modem 20 or other broadband network interface device. By way of example, the base station 14 may be a wireless router. Alternatively, the robot 12 may have a direct connection to the network thru for example a satellite.

The remote control station 16 may include a computer 22 that has a monitor 24, a camera 26, a microphone 28 and a speaker 30. The computer 22 may also contain an input device 32 such as a joystick or a mouse. The control station 16 is typically located in a place that is remote from the robot 12. Although only one remote control station 16 is shown, the system 10 may include a plurality of remote stations. In general any number of robots 12 may be controlled by any number of remote stations 16 or other robots 12. For example, one remote station 16 may be coupled to a plurality of robots 12, or one robot 12 may be coupled to a plurality of remote stations 16, or a plurality of robots 12.

60 Each robot 12 includes a movement platform 34 that is attached to a robot housing 36. The robot 12 may also have a camera 38, a monitor 40, a microphone(s) 42 and a speaker(s) 44. The microphone 42 and speaker 30 may create a stereophonic sound. The robot 12 may also have an antenna 46 that is wirelessly coupled to an antenna 48 of the base station 14. The system 10 allows a user at the remote control station 16 to move the robot 12 through operation of the input device 32.

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The robot camera **38** is coupled to the remote monitor **24** so that a user at the remote station **16** can view a patient. Likewise, the robot monitor **40** is coupled to the remote camera **26** so that the patient can view the user. The microphones **28** and **42**, and speakers **30** and **44**, allow for audible communication between the patient and the user.

The remote station computer **22** may operate Microsoft OS software and WINDOWS XP or other operating systems such as LINUX. The remote computer **22** may also operate a video driver, a camera driver, an audio driver and a joystick driver. The video images may be transmitted and received with compression software such as MPEG CODEC.

The system **10** may include a records server **50** that can be accessed through the network **18**. Patient information can be provided to the server **50** through a user interface **52**. The user interface **52** may or may not be in close proximity to the robot **12**. For example, the user interface may be a computer located at a nurses station where information is entered when a patient checks into a facility. The robot **12** can be moved into view of the patient so that patient information can be entered into the system while a physician is viewing the patient through the robot camera. The physician can remotely move the robot to obtain different viewing angles of the patient. The user interface **52** may be a separate computer terminal. Alternatively, the user interface **52** may be integral with the robot. For example, the robot monitor may be a touch screen that allows a user to enter data into the system through the robot **12**. The server **50** may contain other medical records of a patient such as written records of treatment, patient history, medication information, x-rays, EKGs, laboratory results, physician notes, etc.

The system **10** may also include an image server **54** and a registry server **56**. The image server **54** may include medical images. For example, the medical images may include CT scans of a patient's brain. The images can be downloaded to one of the remote stations **14** through the network **18**. The registry server **56** may store historical data on patients. The historical data can be downloaded to a remote computer **16** through the network **18**.

FIGS. 2 and 3 show an embodiment of a robot **12**. Each robot **12** may include a high level control system **60** and a low level control system **62**. The high level control system **60** may include a processor **64** that is connected to a bus **66**. The bus is coupled to the camera **38** by an input/output (I/O) port **68**, and to the monitor **40** by a serial output port **70** and a VGA driver **72**. The monitor **40** may include a touchscreen function that allows a user to enter input by touching the monitor screen.

The speaker **44** is coupled to the bus **56** by a digital to analog converter **74**. The microphone **42** is coupled to the bus **66** by an analog to digital converter **76**. The high level controller **60** may also contain random access memory (RAM) device **78**, a non-volatile RAM device **80** and a mass storage device **82** that are all coupled to the bus **72**. The mass storage device **82** may contain medical files of the patient that can be accessed by the user at the remote control station **16**. For example, the mass storage device **82** may contain a picture of the patient. The user, particularly a health care provider, can recall the old picture and make a side by side comparison on the monitor **24** with a present video image of the patient provided by the camera **38**. The robot antennae **46** may be coupled to a wireless transceiver **84**. By way of example, the transceiver **84** may transmit and receive information in accordance with IEEE 802.11b.

The controller **64** may operate with a LINUX OS operating system. The controller **64** may also operate MS WINDOWS along with video, camera and audio drivers for communica-

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tion with the remote control station **16**. Video information may be transceived using MPEG CODEC compression techniques. The software may allow the user to send e-mail to the patient and vice versa, or allow the patient to access the Internet. In general the high level controller **60** operates to control communication between the robot **12** and the remote control station **16**.

The high level controller **60** may be linked to the low level controller **62** by a serial port **88**. The low level controller **62** includes a processor **90** that is coupled to a RAM device **92** and non-volatile RAM device **94** by a bus **96**. Each robot **12** contains a plurality of motors **98** and motor encoders **100**. The encoders **100** provide feedback information regarding the output of the motors **98**. The motors **98** can be coupled to the bus **96** by a digital to analog converter **102** and a driver amplifier **104**. The encoders **100** can be coupled to the bus **86** by a decoder **106**. Each robot **12** may have a number of proximity sensors **108** (see also FIG. 1). The sensors **108** can be coupled to the bus **96** by a signal conditioning circuit **110** and an analog to digital converter **112**.

The low level controller **62** runs software routines that mechanically actuate the robot **12**. For example, the low level controller **62** provides instructions to actuate the movement platform to move the robot **12**. The low level controller **62** may receive movement instructions from the high level controller **60**. The movement instructions may be received as movement commands from the remote control station or another robot. Although two controllers are shown, it is to be understood that each robot **12** may have one controller, or more than two controllers, controlling the high and low level functions.

The various electrical devices of each robot **12** may be powered by a battery(ies) **114**. The battery **114** may be recharged by a battery recharger station **116** (see also FIG. 1). The low level controller **62** may include a battery control circuit **118** that senses the power level of the battery **114**. The low level controller **62** can sense when the power falls below a threshold and then send a message to the high level controller **60**.

The system may be the same or similar to a robotic system provided by the assignee InTouch Technology, Inc. of Santa Barbara, Calif. under the name RP-7, which is hereby incorporated by reference. The system may also be the same or similar to the system disclosed in U.S. Pat. No. 7,292,912, which is hereby incorporated by reference.

FIG. 4 shows a graphical user interface **150** provided at the user interface **52**. The graphical user interface **150** includes a plurality of data fields **152** that can be filled by the user. The data fields **152** can request patient information such as name, age, etc. The data fields may also include request for medical data such as heart rate, glucose level and blood pressure ("SBP" and "DBP").

FIG. 5 shows a display user interface ("DUI") **160** that can be displayed at the remote station **14**. The DUI **160** may include a robot view field **162** that displays a video image captured by the camera of the robot. The DUI **160** may also include a station view field **164** that displays a video image provided by the camera of the remote station **14**. The DUI **160** may be part of an application program stored and operated by the computer **22** of the remote station **14**.

FIG. 6 shows a graphical user interface **170** that is displayed by the monitor of the remote station **16**. The interface **170** includes a "PATIENT INFO" tab **172**, a "NIHSS" tab **174** and a "t-PA" tab **176**. Selection of the PATIENT INFO tab **172** displays various data fields **178** including patient name, age, weight, heart rate, etc. This may be the same information through the user interface.

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FIG. 7 shows an interface 180 when the "NIHSS" tab 174 is selected. The interface 180 has a data field 182 that provides a questionnaire to rate the severity of a stroke victim using the NIHSS stroke scale. This provides a readily available medical tool for the physician.

FIG. 8 shows an interface 190 when the "t-PA" tab 176 is selected. The interface 190 may include a data field 192 that provides the patient's weight, a "TOTAL DOSE" data field 194, a "BOLUS DOSE" data field 196 and an "INFUSION DOSE" data field 198. The interface 190 may also include a "CALCULATE" button 200. When the CALCULATE button 182 is selected the data fields 194, 196 and 198 are automatically populated with a calculated dosage. This provides a patient management plan for the physician to review. The interfaces 170, 180 and 190 also have a "VIEW IMAGES" button 202 that when selected displays an interface 210 shown in FIG. 9. The interface 210 includes a data field 212 and an image field 214. The image field 214 can provide a plurality of medical images such as a CT scan of the patient's head.

The system is useful for allowing a physician to remotely view and treat a stroke patient. The system provides patient information, NIHSS stroke severity assessment, calculated t-PA dosage and CT head images that allow the physician to provide real time remote patient treatment.

While certain exemplary embodiments have been described and shown in the accompanying drawings, it is to be understood that such embodiments are merely illustrative of and not restrictive on the broad invention, and that this invention not be limited to the specific constructions and arrangements shown and described, since various other modifications may occur to those ordinarily skilled in the art.

What is claimed is:

1. A robotic system, comprising:  
a mobile robot that has a camera and is located at a robot site;  
a user interface that is located at the robot site and allows medical information to be entered by a user; and,  
a remote station that is coupled to said mobile robot to control movement of said mobile robot, said remote station includes a monitor that is coupled to said mobile robot camera, and displays a graphical user interface that provides said medical information.
2. The system of claim 1, further comprising a records server that is coupled to said remote station and said user interface and stores said medical information.
3. The system of claim 1, further comprising an image server that is coupled to said remote station and stores a plurality of medical, images.
4. The system of claim 2, wherein said medical information includes patient statistics.
5. The system of claim 1, wherein said remote station provides a medical tool.
6. The system of claim 1, wherein said remote station provides a graphical user interface that can receive information and display a patient management plan.
7. The system of claim 6, wherein said medical tool is a stroke evaluation.
8. The system of claim 1, wherein said user interface is a computer terminal.
9. The system of claim 1, wherein said mobile robot includes a monitor coupled to a camera of said remote station.

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10. The system of claim 9, wherein said mobile robot includes a speaker and a microphone.

11. A robotic system, comprising:  
a mobile robot that has a camera;  
a user interface that allows patient information and patient statistics to be entered by a user;  
a remote station that is coupled to said mobile robot to control movement of said mobile robot, said remote station includes a monitor that is coupled to said mobile robot camera, and that displays a plurality of graphical user interfaces, said graphical user interfaces provide said patient statistics, a medical tool and a patient management plan.

12. The system of claim 11, further comprising a records server that is coupled to said remote station and said user interface and stores said patient information and said patient statistics.

13. The system of claim 11, further comprising an image server that is coupled to said remote station and stores a plurality of medical images.

14. The system of claim 13, wherein at least one of said graphical user interfaces displays at least one of said medical images.

15. The system of claim 11, wherein said user interface is a computer terminal.

16. The system of claim 11, wherein said mobile robot includes a monitor coupled to a camera of said remote station.

17. The system of claim 16, wherein said mobile robot includes a speaker and a microphone.

18. A method for treating a patient, comprising:  
moving a mobile robot into a vicinity of a patient at a robot site through commands from a remote station;  
viewing the patient at the remote station through a camera of the mobile robot;  
entering information about the patient through a user interface located at the robot site;  
displaying the patient information at the remote station;  
and,  
displaying a patient management plan at the remote station.

19. The method of claim 18, further comprising displaying a medical image at the remote station.

20. The method of claim 18, wherein the patient management plan includes a calculated dosage at the remote station.

21. The method of claim 18, wherein the patient management plan is a stroke evaluation.

22. A graphical user interface that is displayed on a monitor of a remote station that controls a mobile robot, the mobile robot having a camera, comprising:  
a graphical user interface that includes;

a patient information area;  
a medical assessment area; and,  
a patient management plan area.

23. The user interface of claim 22, wherein selection within said medical assessment area causes a display of a NIHSS scale questionnaire.

24. The user interface of claim 22, wherein selection within said patient management plan area causes a display with input fields and a calculation button that provides a calculated dosage when selected.

\* \* \* \* \*

# Exhibit D



US008849680B2

(12) **United States Patent**  
**Wright et al.**

(10) **Patent No.:** US 8,849,680 B2  
(45) **Date of Patent:** Sep. 30, 2014

(54) **DOCUMENTATION THROUGH A REMOTE PRESENCE ROBOT**

(75) Inventors: **Timothy C. Wright**, Santa Barbara, CA (US); **Fuji Lai**, Goleta, CA (US); **Marco Pinter**, Santa Barbara, CA (US); **Yulun Wang**, Goleta, CA (US)

(73) Assignee: **InTouch Technologies, Inc.**, Goleta, CA (US)

(\*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 891 days.

(21) Appl. No.: 12/362,454

(22) Filed: Jan. 29, 2009

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(51) **Int. Cl.**

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**G06F 19/00** (2011.01)  
**G05B 15/00** (2006.01)  
**G06Q 30/00** (2012.01)  
**B25J 9/16** (2006.01)  
**G06Q 30/02** (2012.01)

(52) **U.S. Cl.**

CPC .... **B25J 9/1689** (2013.01); **G05B 2219/45117** (2013.01); **G06Q 30/0283** (2013.01); **G06F 19/3418** (2013.01)

USPC ..... 705/2; 700/264; 700/245

(58) **Field of Classification Search**

USPC ..... 705/2  
See application file for complete search history.

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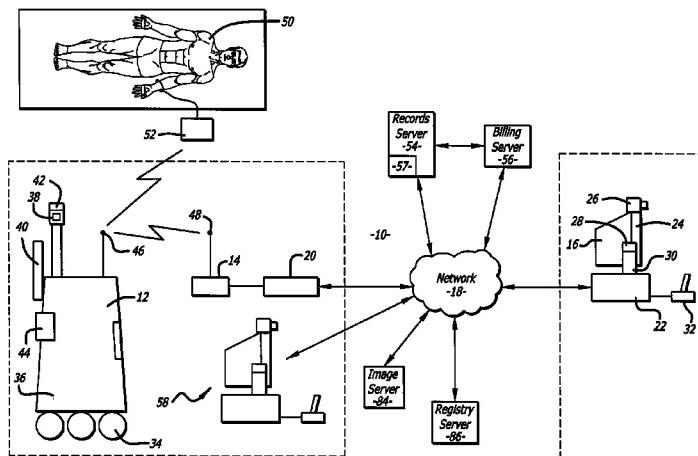
Primary Examiner — Hiep V Nguyen

(74) Attorney, Agent, or Firm — Chris Lambrecht

## (57)

**ABSTRACT**

A robotic system that is used in a tele-presence session. For example, the system can be used by medical personnel to examine, diagnose and prescribe medical treatment in the session. The system includes a robot that has a camera and is controlled by a remote station. The system further includes a storage device that stores session content data regarding the session. The data may include a video/audio taping of the session by the robot. The session content data may also include time stamps that allow a user to determine the times that events occurred during the session. The session content data may be stored on a server that accessible by multiple users. Billing information may be automatically generated using the session content data.

**29 Claims, 8 Drawing Sheets**

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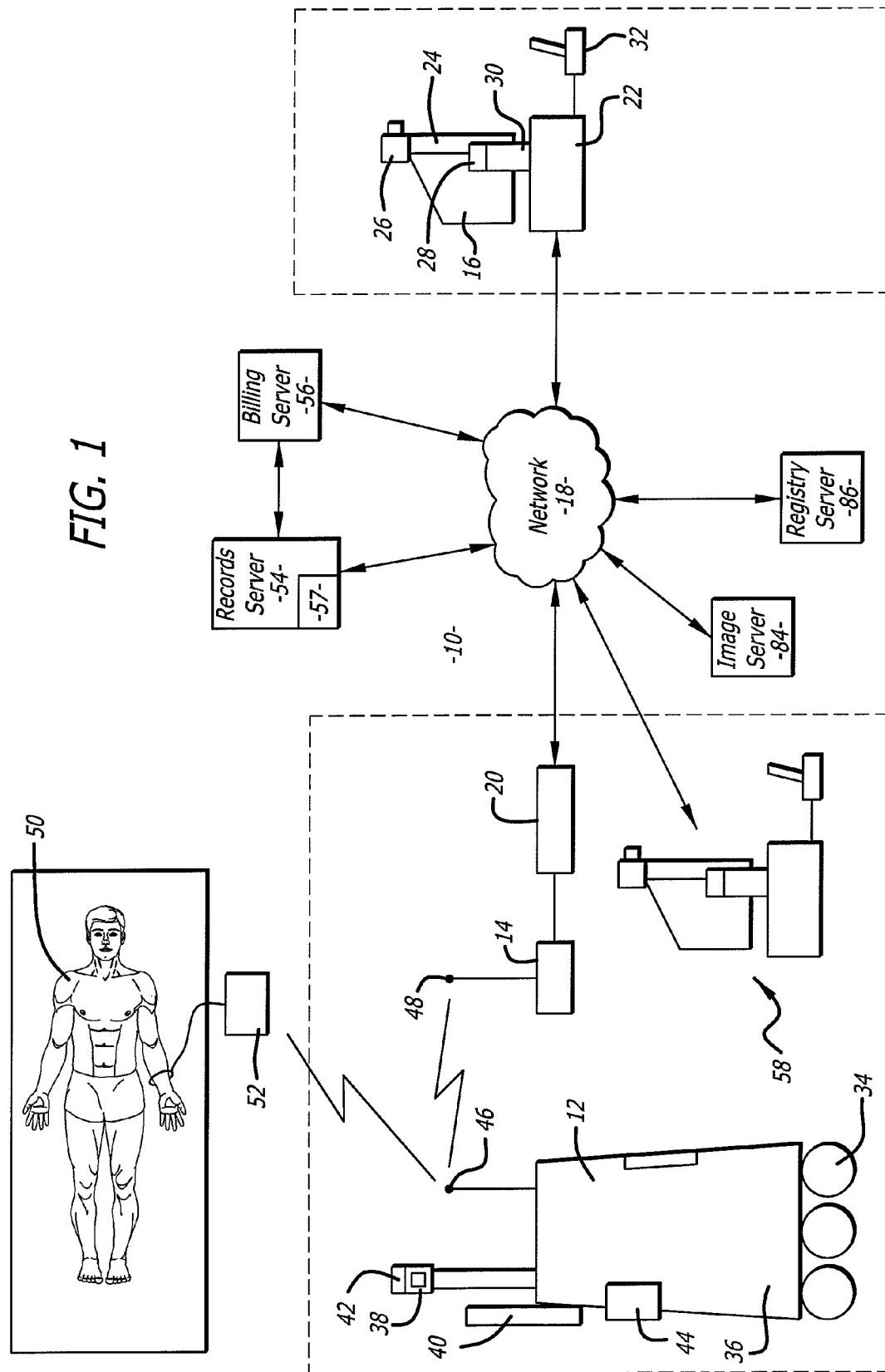
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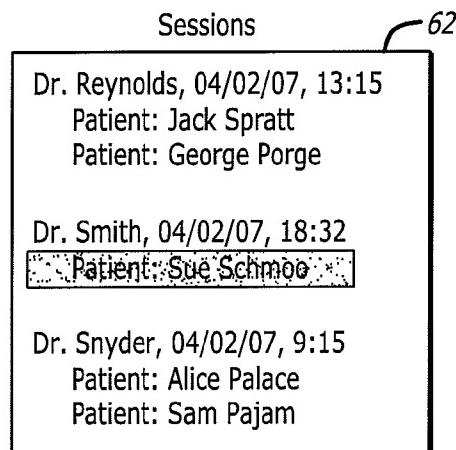
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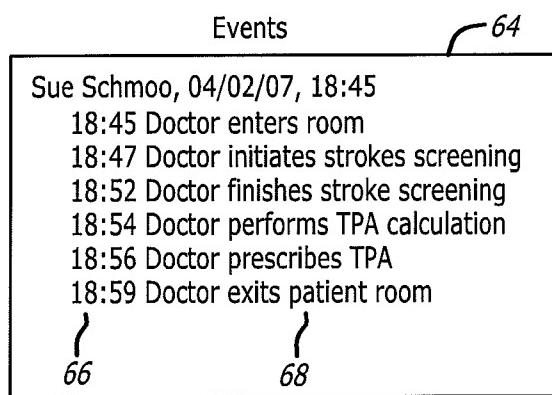
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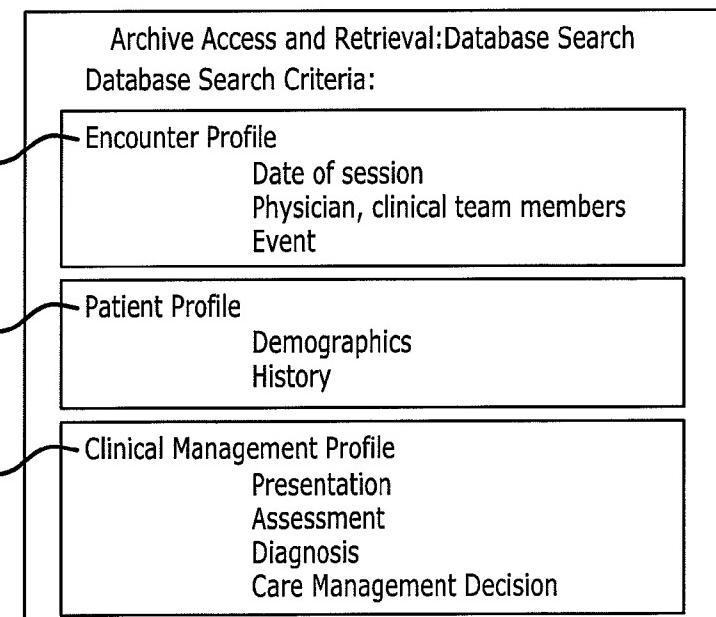
*FIG. 2*



*FIG. 3*



*FIG. 4*

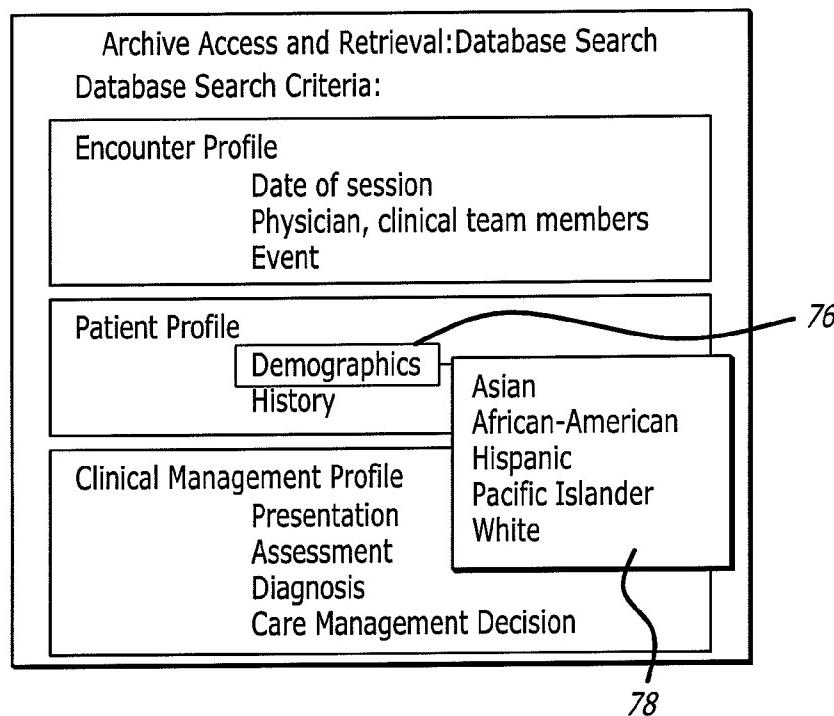
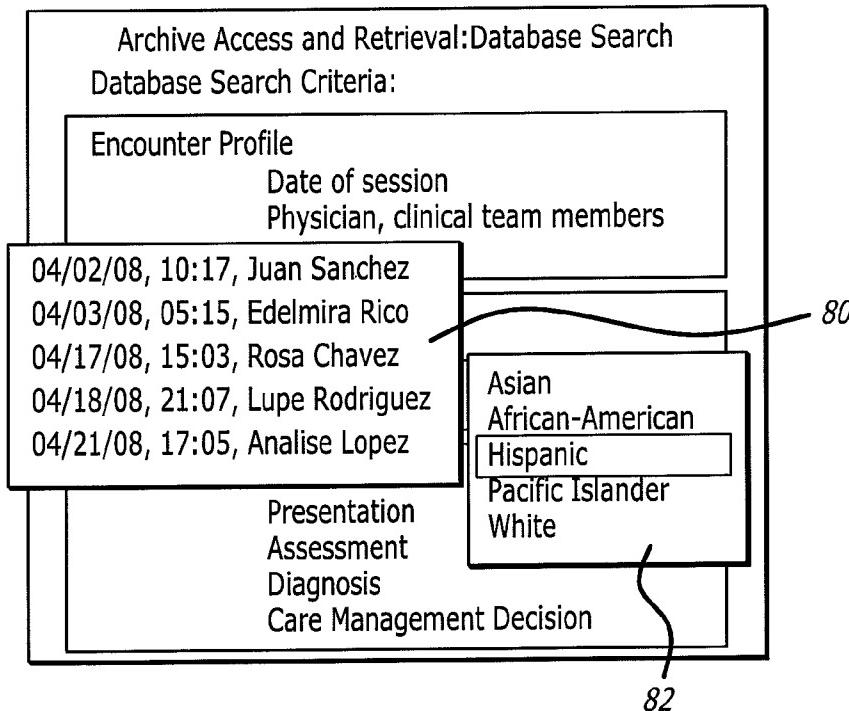


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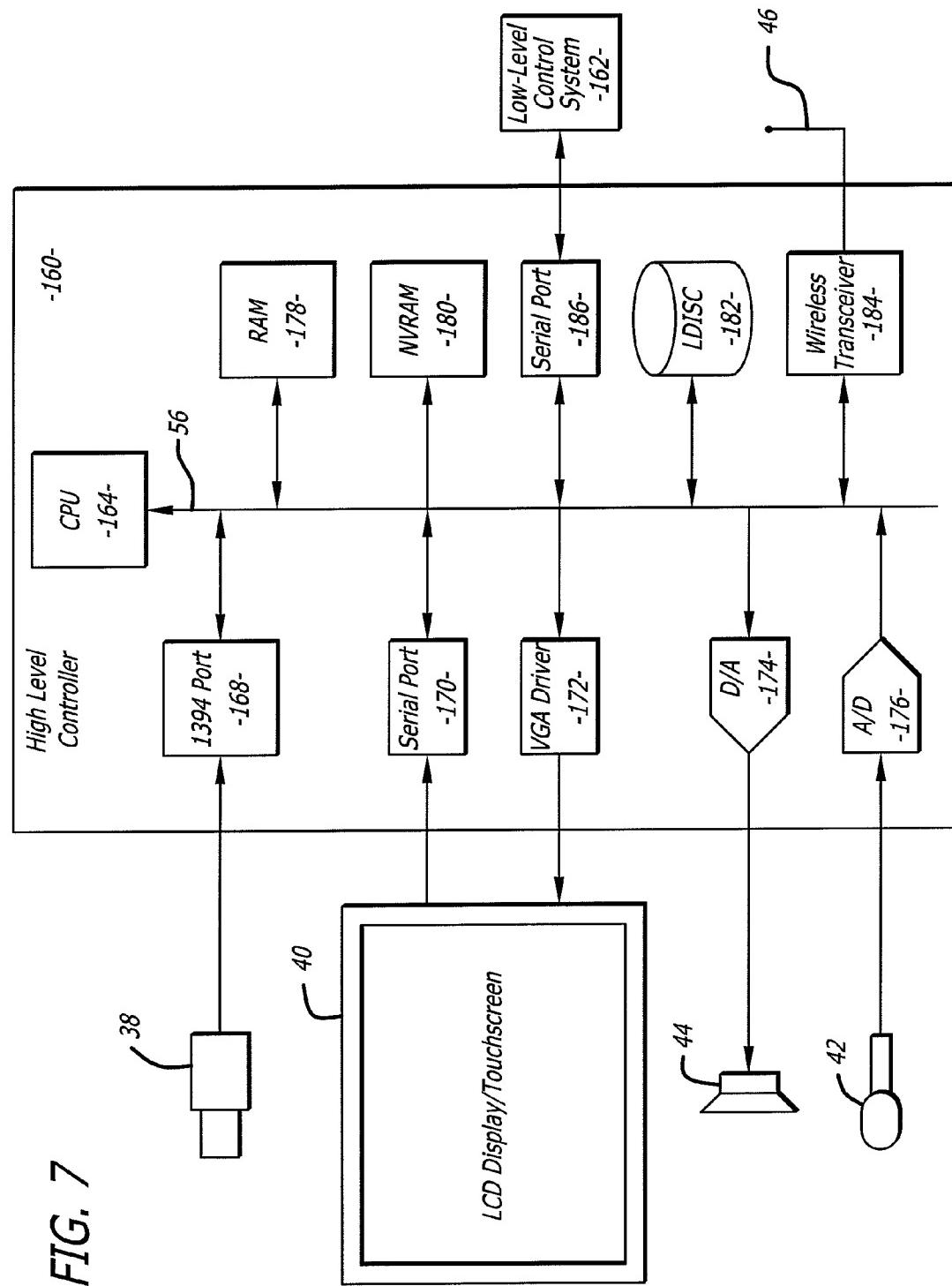
**FIG. 5****FIG. 6**

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*FIG. 8*

Stroke Net Data Patient Information Form-Mozilla Firefox

File Edit View History Bookmarks Tools Help  
Back Forward Stop Refresh Home https://www.intouchreports.com/strokeNet.asp Back Forward Stop Refresh Google

**Stroke Net Patient Information Form**

Stroke Net Patient Information Form

1. Patient's Last Name: \_\_\_\_\_  
2. Patient's First name: \_\_\_\_\_  
3. MRN: \_\_\_\_\_  
4. Age: \_\_\_\_\_  
5. Gender:  Select Male or Female   
6. Weight in Kgs: \_\_\_\_\_  
7. Heart Rate: \_\_\_\_\_  
8. Glucose level: \_\_\_\_\_  
9. SBP: \_\_\_\_\_  
10. DBP: \_\_\_\_\_  
11. Patient History: \_\_\_\_\_

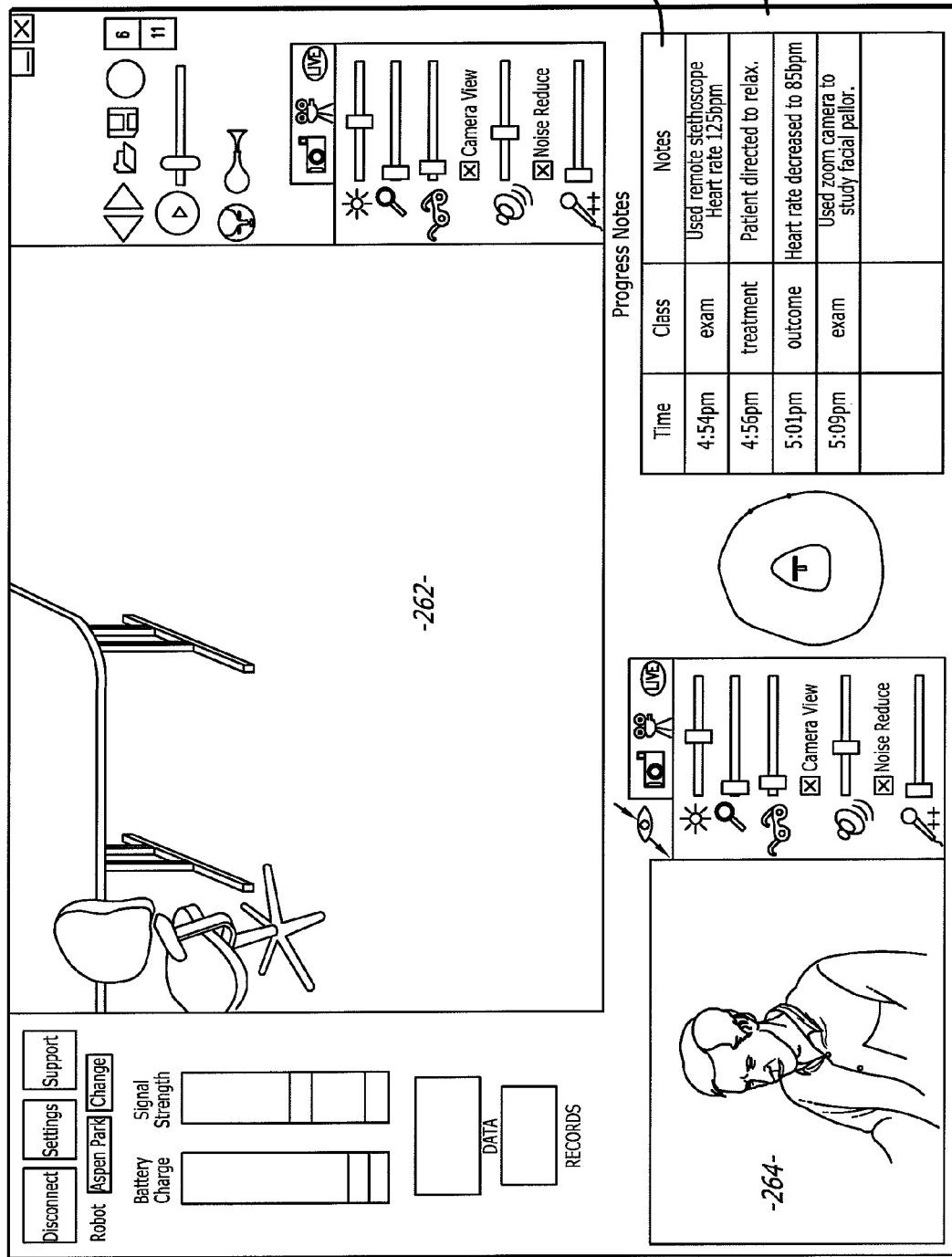
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FIG. 9



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*FIG. 10*

**ADVANCED CONTROLS**

Start	Patient Info	NIHSS	t-PA	Summary
Last Name: <input type="text" value="KANE"/>	First Name: <input type="text" value="JESSAMINE"/>			
MRN: <input type="text" value="3012296873"/>	Age: <input type="text" value="75"/>	3:00:00		
Gender: <input type="text" value="FEMALE"/>	Weight: <input type="text" value="50.50"/> Kgs	HR	90	
Patient History: Diabetes <input type="checkbox"/>	Heart Rate: <input type="text" value="90"/>	BP	120/80	
NHSS 3				
<b>View Images</b>				

**272      274      276**

**270**

**278**

*FIG. 11*

**ADVANCED CONTROLS**

Start	Patient Info	NIHSS	t-PA	Summary
MIH Stroke Scale:				
Level of Consciousness:	<input type="text" value="Please Select:"/>	3:00:00		
MOC Questions:	<input type="text" value="Please Select:"/>	HR	84	
LOC Commands:	<input type="text" value="0 = Alert&lt;br/&gt;1 = Not alert&lt;br/&gt;2 = Not responsive"/>	BP	130/90	
Best Gaze:	<input type="text" value="Please Select:"/>	NHSS		
<b>View Images</b>				

**280**

**274**

**282**

*FIG. 12*

**ADVANCED CONTROLS**

Start	Patient Info	NIHSS	t-PA	Summary
Patient Weight: <input type="text" value="77.7"/> Kgs	Total Dose: <input type="text"/> Mg	3:00:00		
Dosage Options: 0.9 mg/kg <input checked="" type="radio"/> 0.6 mg/kg <input type="radio"/>	Bolus Dose: <input type="text"/> Mg (administered iVP over 1 minute)	HR	84	
	Infusion Date: <input type="text"/> Mg (to infuse over 60 minutes)	BP	130/90	
<b>290</b>	<b>292</b>	<b>276</b>	<b>294</b>	<b>296</b>
<b>300</b>	<b>298</b>	<b>302</b>		
<b>Print Order</b>		<b>View Images</b>		

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FIG. 13

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**1****DOCUMENTATION THROUGH A REMOTE PRESENCE ROBOT****BACKGROUND OF THE INVENTION****1. Field of the Invention**

The subject matter disclosed generally relates to a robotic tele-presence system.

**2. Background Information**

Robots have been used in a variety of applications ranging from remote control of hazardous material to assisting in the performance of surgery. For example, U.S. Pat. No. 5,762,458 issued to Wang et al. discloses a system that allows a surgeon to perform minimally invasive medical procedures through the use of robotically controlled instruments. One of the robotic arms in the Wang system moves an endoscope that has a camera. The camera allows a surgeon to view a surgical area of a patient.

There has been marketed a mobile robot introduced by InTouch-Health, Inc., the assignee of this application, under the trademark RP-7. The InTouch robot is controlled by a user at a remote station. The remote station includes personal computer with a joystick that allows the user to remotely control the movement of the robot. Both the robot and remote station have cameras, monitors, speakers and microphones to allow for two-way video/audio communication.

The InTouch RP-7 system is used by medical personnel to remotely "visit" a patient. The system is particularly useful for medical specialist. For example, medical personnel specializing in patient stroke care can remotely examine, diagnose and prescribe a patient management plan. With the proliferation of such robots it would be desirable to track and store data related to tele-presence sessions.

**BRIEF SUMMARY OF THE INVENTION**

A robotic system with a robot that has a camera and a remote station coupled to the robot. The remote station controls the robot in a session that results in session content data. The system further includes a storage device that stores the session content data.

**BRIEF DESCRIPTION OF THE DRAWINGS**

FIG. 1 is an illustration of a robotic system;

FIG. 2 is an illustration showing a user interface;

FIG. 3 is an illustration of a user interface displaying events and associated time stamps;

FIG. 4 is an illustration of a user interface with selectable fields;

FIG. 5 is an illustration showing the display of a pull-down menu;

FIG. 6 is an illustration showing a session field displayed in response to the selection of a field;

FIG. 7 is a schematic of an electrical system of a robot;

FIG. 8 is a graphical user interface of a user interface;

FIG. 9 is a graphical user interface at a remote station;

FIG. 10 is a graphical user interface at the remote station;

FIG. 11 is a graphical user interface when a NIHSS tab is selected;

FIG. 12 is a graphical user interface displayed when a t-PA table is selected

FIG. 13 is a graphical user interface displayed when a view images button is selected.

**2**

personnel to examine, diagnose and prescribe medical treatment in the session. The system includes a robot that has a camera and is controlled by a remote station. The system further includes a storage device that stores session content data regarding the session. The data may include a video/audio taping of the session by the robot. The session content data may also include time stamps that allow a user to determine the times that events occurred during the session. The session data may be stored on a server that is accessible to multiple users. Billing information may be automatically generated using the session data.

Referring to the drawings more particularly by reference numbers, FIG. 1 shows a robotic system 10. The robotic system 10 includes one or more robots 12. Each robot 12 may have a base station 14. The robot 12 is coupled to a remote control station 16. The remote control station 16 may be coupled to the base station 14 through a network 18. By way of example, the network 18 may be either a packet switched network such as the Internet, or a circuit switched network such as a Public Switched Telephone Network (PSTN) or other broadband system. The base station 14 may be coupled to the network 18 by a modem 20 or other broadband network interface device. By way of example, the base station 14 may be a wireless router. Alternatively, the robot 12 may have a direct connection to the network 18 through, for example, a satellite.

The remote control station 16 may include a computer 22 that has a monitor 24, a camera 26, a microphone 28 and a speaker 30. The computer 22 may also contain an input device 32 such as a joystick or a mouse. The control station 16 is typically located in a place that is remote from the robot 12. Although only one remote control station 16 is shown, the system 10 may include a plurality of remote stations. In general any number of robots 12 may be controlled by any number of remote stations 16 or other robots 12. For example, one remote station 16 may be coupled to a plurality of robots 12, or one robot 12 may be coupled to a plurality of remote stations 16, or a plurality of robots 12.

Each robot 12 includes a movement platform 34 that is attached to a robot housing 36. The robot 12 may also have a camera 38, a monitor 40, a microphone(s) 42 and a speaker(s) 44. The microphone 42 and speaker 30 may create a stereophonic sound. The robot 12 may also have an antenna 46 that is wirelessly coupled to an antenna 48 of the base station 14. The system 10 allows a user at the remote control station 16 to move the robot 12 through operation of the input device 32. The robot camera 38 is coupled to the remote monitor 24 so that a user at the remote station 16 can view someone at the robot site such as a patient. Likewise, the robot monitor 40 is coupled to the remote camera 26 so that someone at the robot site can view the user. The microphones 28 and 42, and speakers 30 and 44, allow for audible communication between the robot site and the user of the system.

The remote station computer 22 may operate Microsoft OS software and WINDOWS XP or other operating systems such as LINUX. The remote computer 22 may also operate a video driver, a camera driver, an audio driver and a joystick driver. The video images may be transmitted and received with compression software such as MPEG CODEC.

The system 10 can be used to engage in a session that results in data. For example, the system 10 can be used by medical personnel to remotely examine, diagnose and prescribe a patient management plan for a patient 50 in a medical session. Either the patient, or a bed supporting the patient, may have a radio frequency information device ("RFID") 52. The RFID 52 may wirelessly transmit information that is received by the robot 12 through antennae 46. The RFID

**DETAILED DESCRIPTION**

Disclosed is a robotic system that is used in a tele-presence session. For example, the system can be used by medical

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information can be used to correlate a particular session with a specific patient. The receipt of RFID information may initiate the storage of session data. Although a medical session is described, it is to be understood that other types of sessions may be conducted with the system 10. For example, the system 10 may be used to move the robot(s) about a factory floor wherein the user provides remote consultation. Consultation session data may be stored by the system 10.

The system can store and display session content data. Session content data is information regarding the substance of a session. For example, in a medical application, session content data would include physician notes, diagnosis and prescription information. In a factory-equipment repair application, session content data would include repair methodology and replaced parts. Session content data would not be mere time entries associated with the logging on and termination of a robot session.

The system 10 may include a records server 54 and/or a billing server 56 that can be accessed through the network 18. The servers 54 and 56 may include memory, processors, I/O interfaces and storage devices such as hard disk drives, as is known in the art. Records server 54 may have a storage device(s) 57 that stores session data. The server 54 may receive and store session data during a session. For example, the server 54 may receive and store video and audio captured by the robot camera 38 and microphone 42, respectively. To reduce bandwidth requirements during a session the session data, such as video/audio segments, can be transmitted from the robot 12 to the server 54 after the session has terminated. For example, when the user logs off the system. Timestamped progress notes are also simultaneously uploaded. The server 54 may contain other medical records of a patient such as written records of treatment, patient history, medication information, laboratory results, physician notes, etc. Video/audio segments can be timestamped and associated with the identification of the control station and the robot, and a unique identifier which can be cross-referenced with progress notes and other session data. These video/audio segments can then later be used to substantiate and reference the various progress notes and other events in a visual fashion. The system can track all head and base movements made during the course of the associated portion of the session, to allow correlation of those movements with the actions taken.

The system 10 may include a user interface 58 that allows a user at the remote location to enter data into the system. For example, the interface 58 may be a computer or a computer terminal that allows a user to enter information about the patient. The robot 12 can be moved into view of the patient through the remote station 16 so that patient information can be entered into the system while a physician is viewing the patient through the robot camera. The physician can remotely move the robot 12 to obtain different viewing angles of the patient. The user interface 58 may be a separate computer and/or be integral with the robot 12. The billing server 56 may automatically generate a bill from the information provided by the session data on a periodic basis. The billed elements may be based on either actions performed or outcomes achieved, or both. Alternatively, a user can manually generate bills through a user interface to the billing server.

The billing server 56 may receive session data during a session or upon termination of a session. Additionally, the billing server may poll a robot to retrieve data from its hard drive. The session data may be organized so as to automatically populate certain fields of a billing statement or report. The billing information can be automatically sent to an insurance carrier.

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The server 54 can be accessible through a web page or other means for accessing information through a network 18. FIG. 2 shows a user interface 62 displayed at a remote station 16, or any other terminal that can access the server 54. The interface 62 can for example, provide a date and time that various physicians had sessions with different patients. FIG. 3 shows another user interface 64 that displays time stamps 66 that are associated with certain events 68. Records can be retrieved by various filters including physician name, patient name, time of session and services performed during the session. The event data can be initially stored in either the robot 12 or the remote station 16 and then loaded into the server 54, either during or after a session. Alternatively, event data can be directly loaded into the server without storing it locally on the robot or remote station.

The session data can be organized into a plurality of data types. FIG. 4 shows a plurality of different data types. For example, the session data can be organized into ENCONTRER PROFILE data 70, PATIENT PROFILE data 72 and CLINICAL MANAGEMENT PROFILE data 74, with each having subfields such as EVENT and HISTORY. FIG. 5 shows a pull-down screen 78 that is displayed when a DEMOGRAPHICS field 76 is selected. FIG. 6 shows a field 80 that displays a number of sessions that match a selected HISPANIC field 82. The session data can be searched with Boolean operators such as AND and OR to search for multiple terms, data types, etc. The user can display all hits for the search, or have a statistical analysis performed based on the matching sessions.

In a factory equipment-repair application, the equipment being repaired during the session would replace the patient name in FIG. 2; and steps for repair would replace the event list in FIG. 3. Repair methodologies and affected part numbers would replace the search criteria in FIGS. 4, 5 and 6. Captured video and audio would show the steps in the repair process, and would be timestamped and cross-referenced to the data in FIG. 3.

Referring to FIG. 1, the system 10 may also include an image server 84 and a registry server 86. The image server 84 may include medical images. For example, the medical images may include CT scans of a patient's brain. The images can be downloaded to one of the remote stations 16 through the network 18. The registry server 86 may store historical data on patients. The historical data can be downloaded to a remote computer 16 through the network 18.

FIG. 7 shows an embodiment of a robot 12. Each robot 12 may include a high level control system 160 and a low level control system 162. The high level control system 160 may include a processor 164 that is connected to a bus 166. The bus is coupled to the camera 38 by an input/output (I/O) port 168, and to the monitor 40 by a serial output port 170 and a VGA driver 172. The monitor 40 may include a touchscreen function that allows a user to enter input by touching the monitor screen.

The speaker 44 is coupled to the bus 166 by a digital to analog converter 174. The microphone 42 is coupled to the bus 166 by an analog to digital converter 176. The high level controller 160 may also contain random access memory (RAM) device 178, a non-volatile RAM device 180 and a mass storage device 182 that are all coupled to the bus 172. The RAM 178, NVRAM 180 and/or mass storage device 182 may contain session data that is transmitted to the remote station and/or server. The robot antennae 46 may be coupled to a wireless transceiver 184. By way of example, the transceiver 184 may transmit and receive information in accordance with IEEE 802.11b.

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The controller 164 may operate with a LINUX OS operating system. The controller 164 may also operate MS WINDOWS along with video, camera and audio drivers for communication with the remote control station 16. Video information may be transceived using MPEG CODEC compression techniques. The software may allow the user to send e-mail to the patient and vice versa, or allow the patient to access the Internet. In general the high level controller 160 operates to control communication between the robot 12 and the remote control station 16.

The high level controller 160 may be linked to the low level control system 162 by a serial port 186. The low level control system 162 may include components and software that mechanically actuate the robot 12. For example, the low level control system 162 provides instructions to actuate the movement platform to move the robot 12. The low level control system 162 may receive movement instructions from the high level controller 160. The movement instructions may be received as movement commands from the remote control station or another robot. Although two controllers are shown, it is to be understood that each robot 12 may have one controller, or more than two controllers, controlling the high and low level functions.

The system may be the same or similar to a robotic system provided by the assignee InTouch Technology, Inc. of Santa Barbara, Calif. under the name RP-7, which is hereby incorporated by reference. The system may also be the same or similar to the system disclosed in U.S. Pat. No. 7,292,912, which is hereby incorporated by reference.

FIG. 8 shows a graphical user interface 250 can be provided at the user interface 58. The graphical user interface 250 includes a plurality of data fields 252 that can be filled by the user. The data fields 252 can request patient information such as name, age, etc. The data fields may also include request for medical data such as heart rate, glucose level and blood pressure ("SBP" and "DBP"). The data entered into the fields 252 can be included in the session data that is transmitted and stored by the system 10. Filling the data fields may be designated an "event" that is given as associated time stamp and displayed by a user interface.

FIG. 9 shows a display user interface ("DUI") 260 that can be displayed at the remote station 16. The DUI 260 may include a robot view field 262 that displays a video image captured by the camera of the robot. The DUI 260 may also include a station view field 264 that displays a video image provided by the camera of the remote station 16. The DUI 260 may be part of an application program stored and operated by the computer 22 of the remote station 16. The video and any accompanying audio displayed by the robot and station view fields may be transmitted and stored by the system 10 as session data.

The DUI 260 may contain a "progress notes" text editing field, which enables a "document as you treat" methodology. As the physician conducts treatment, he can document both the treatment steps and outcomes in the progress notes field. Each note may be manually timestamped by the physician, or automatically timestamped by the software based on when the physician began typing each note. In the application of factory floor equipment repair, the progress notes would detail the various examinations and repair steps taken.

FIG. 10 shows a graphical user interface 270 that can be displayed by the monitor of the remote station 16. The interface 270 includes a "PATIENT INFO" tab 272, a "NIHSS" tab 274 and a "t-PA" tab 276. Selection of the PATIENT INFO tab 272 displays various data fields 278 including patient name, age, weight, heart rate, etc. This may be the same information entered through the user interface 250. This

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information may be included in the session data that is transmitted and stored by the system 10. The usage of this interface may be tagged as an event with an associated time stamp.

FIG. 11 shows an interface 280 when the "NIHSS" tab 274 is selected. The interface 280 has a data field 282 that provides a questionnaire to rate the severity of a stroke victim using the NIHSS stroke scale. This provides a readily available medical tool for the physician. The results of the questionnaire can be included in the session data and be tagged as an event that has an associated time stamp.

FIG. 12 shows an interface 290 when the "t-PA" tab 276 is selected. The interface 290 may include a data field 292 that provides the patient's weight, a "TOTAL DOSE" data field 294, a "BOLUS DOSE" data field 296 and an "INFUSION DOSE" data field 298. The interface 290 may also include a "CALCULATE" button 300. When the CALCULATE button 300 is selected the data fields 294, 296 and 298 are automatically populated with a calculated dosage. This provides a patient management plan for the physician to review. The interfaces 270, 280 and 290 also have a "VIEW IMAGES" button 302 that when selected displays an interface 310 shown in FIG. 13. The interface 310 includes a data field 312 and an image field 314. The image field 314 can provide a plurality of medical images such as a CT scan of the patient's head.

The calculated dosage and images can be included in the session data that is transmitted and stored by the system. The automatic population of the data fields may be tagged as an event with an associated time stamp. Likewise, the selection of the data and/or image fields may be tagged as events with time stamps.

The system is useful for allowing a physician to remotely view and treat a stroke patient. The system provides patient information, NIHSS stroke severity assessment, calculated t-PA dosage and CT head images that allow the physician to provide real time remote patient treatment. The system also allows such sessions to be audited so that medical personnel, healthcare institutions, insurance carriers, etc. can audit sessions. Such audits may include viewing video/audio captured by the robot during a session.

While certain exemplary embodiments have been described and shown in the accompanying drawings, it is to be understood that such embodiments are merely illustrative of and not restrictive on the broad invention, and that this invention not be limited to the specific constructions and arrangements shown and described, since various other modifications may occur to those ordinarily skilled in the art.

What is claimed is:

1. A robotic system, comprising:  
a robot that has a robot camera, a robot monitor, a robot microphone, and a robot speaker;  
a remote station that has a station camera, a station monitor, a station microphone, and a station speaker, said remote station and said robot are capable of establishing a telepresence session during which said station monitor is coupled to said robot camera and displays a robot image captured by said robot camera, said robot monitor is coupled to said station camera and displays a station image captured by said station camera, said station speaker is coupled to said robot microphone, and said robot speaker is coupled to said station microphone to enable two-way audio communication between said robot and said remote station, said remote station controls said robot during said telepresence session and said telepresence session results in session content data that is non-image and non-audio data; and,

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a storage device that stores said session content data during said telepresence session.

**2.** The system of claim **1**, wherein said storage device includes a server.

**3.** The system of claim **1**, wherein said session content data is correlated with a movement of said robot.

**4.** The system of claim **1**, wherein said session content data is searchable.

**5.** The system of claim **1**, wherein said session content data includes at least one time stamp.

**6.** The system of claim **5**, wherein said remote station provides a graphical user interface that displays said time stamp and said session content data.

**7.** The system of claim **6**, wherein said session content data is entered by an operator at said remote station.

**8.** The system of claim **7**, wherein said time stamp is automatically generated when said session content data is entered by the operator.

**9.** The system of claim **1**, further comprising a billing server that generates a bill with said session content data.

**10.** The system of claim **1**, further comprising a bill that is based on an action of said session content data.

**11.** The system of claim **1**, wherein said session content data is structured into a plurality of data types and is searchable across said data types.

**12.** A robotic system, comprising:

a robot that has a camera that captures an image;  
a remote station that has a station camera, a station monitor, a station microphone, and a station speaker, said remote station and said robot are capable of establishing a telepresence session during which said station monitor is coupled to said robot camera and displays a robot image captured by said robot camera, said robot monitor is coupled to said station camera and displays a station image captured by said station camera, said station speaker is coupled to said robot microphone, and said robot speaker is coupled to said station microphone to enable two-way audio communication between said robot and said remote station, said remote station controls said robot in a session that results in session content data that is non-image and non-audio data; and, means for storing said session content data.

**13.** The system of claim **12**, wherein said session content data is searchable.

**14.** The system of claim **12**, wherein said session content data includes at least one time stamp.

**15.** The system of claim **14**, wherein said remote station provides a graphical user interface that displays said time stamp and said session content data.

**16.** The system of claim **15**, wherein said session content data is entered by an operator at said remote station.

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**17.** The system of claim **16**, wherein said time stamp is automatically generated when said session content data is entered by the operator.

**18.** The system of claim **12**, further comprising a billing server that generates a bill with said session content data.

**19.** The system of claim **12**, further comprising a bill that is based on an action of said session content data.

**20.** The system of claim **12**, wherein said session content data is structured into a plurality of data types and is searchable across said data types.

**21.** A method for conducting a tele-presence session, comprising:

moving a robot through control of a remote station, the robot has a robot camera, a robot monitor, a robot microphone and a robot speaker, the remote station includes a station camera, a station monitor, a station microphone and a station speaker;

establishing a telepresence session during which the station monitor is coupled to the robot camera and display a robot image captured by the robot camera, said robot monitor is coupled to the station camera and displays a station image captured by the station camera, the station speaker is coupled to the robot microphone, and the robot speaker is coupled to the station microphone to enable two-way audio communication between said robot and the remote station;

engaging in a session that results in session content data that is non-image and non-audio data; and, storing the session content data during the telepresence session.

**22.** The method of claim **21**, wherein the session content data is searchable.

**23.** The method of claim **21**, further comprising generating at least one time stamp for the session content data.

**24.** The method of claim **23**, further comprising displaying the time stamp and the session content data.

**25.** The method of claim **24**, wherein the session content data is entered by an operator at the remote station.

**26.** The method of claim **25**, wherein the time stamp is automatically generated when the session content data is entered by the operator.

**27.** The method of claim **21**, further comprising transmitting a video image of a user at the control station to a monitor of the robot.

**28.** The method of claim **21**, further comprising automatically generating a bill with the session content data.

**29.** The method of claim **21**, further comprising structuring the session content data into a plurality of data types and searching the session content data across the data types.

\* \* \* \* \*

# Exhibit E



US008780165B2

(12) **United States Patent**  
**Wang et al.**

(10) **Patent No.:** US 8,780,165 B2  
(45) **Date of Patent:** \*Jul. 15, 2014

(54) **PORTABLE REMOTE PRESENCE ROBOT**

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(73) Assignee: **Intouch Technologies, Inc.**, Goleta, CA (US)

(\*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 0 days.

This patent is subject to a terminal disclaimer.

(21) Appl. No.: 13/549,971

(22) Filed: Jul. 16, 2012

(65) **Prior Publication Data**

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**Related U.S. Application Data**

(63) Continuation of application No. 12/548,122, filed on Aug. 26, 2009, now Pat. No. 8,384,755.

(51) **Int. Cl.**  
**H04N 7/14** (2006.01)

(52) **U.S. Cl.**  
CPC ..... **H04N 7/14** (2013.01)

(58) **USPC** ..... 348/14.05; 348/14.07

**Field of Classification Search**

USPC ..... 348/14.01–14.09, 14.1, 14.11, 14.12; 709/203, 204; 700/13, 90, 245; 901/14, 901/19, 46

See application file for complete search history.

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*Primary Examiner* — Tuan D Nguyen

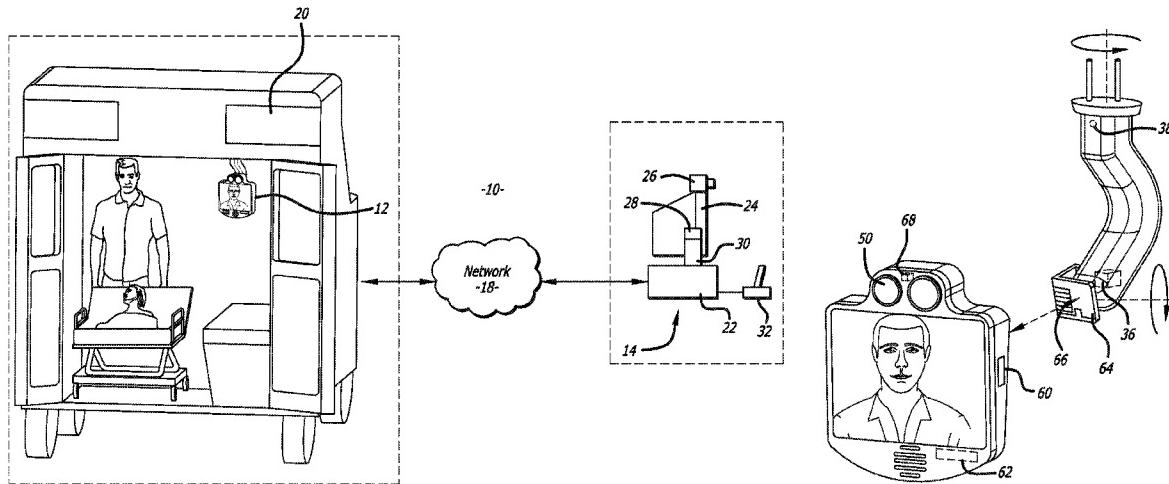
(74) *Attorney, Agent, or Firm* — Chris Lambrecht

(57)

**ABSTRACT**

A tele-presence system that includes a portable robot face coupled to a remote station. The robot face includes a robot monitor, a robot camera, a robot speaker and a robot microphone. The remote station includes a station monitor, a station camera, a station speaker and a station microphone. The portable robot face can be attached to a platform mounted to the ceiling of an ambulance. The portable robot face can be used by a physician at the remote station to provide remote medical consultation. When the patient is moved from the ambulance the portable robot face can be detached from the platform and moved with the patient.

**5 Claims, 5 Drawing Sheets**

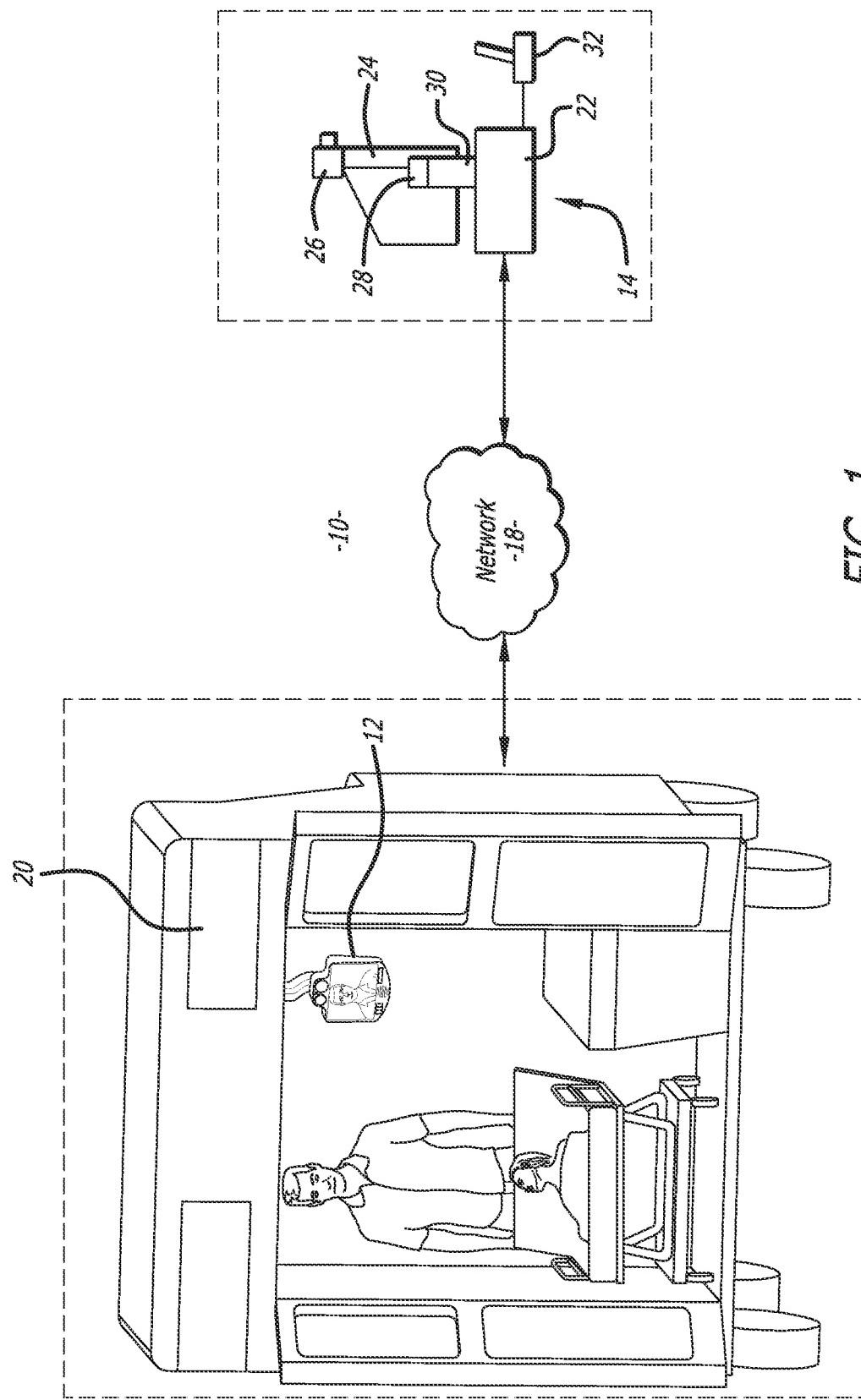


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*FIG. 1*

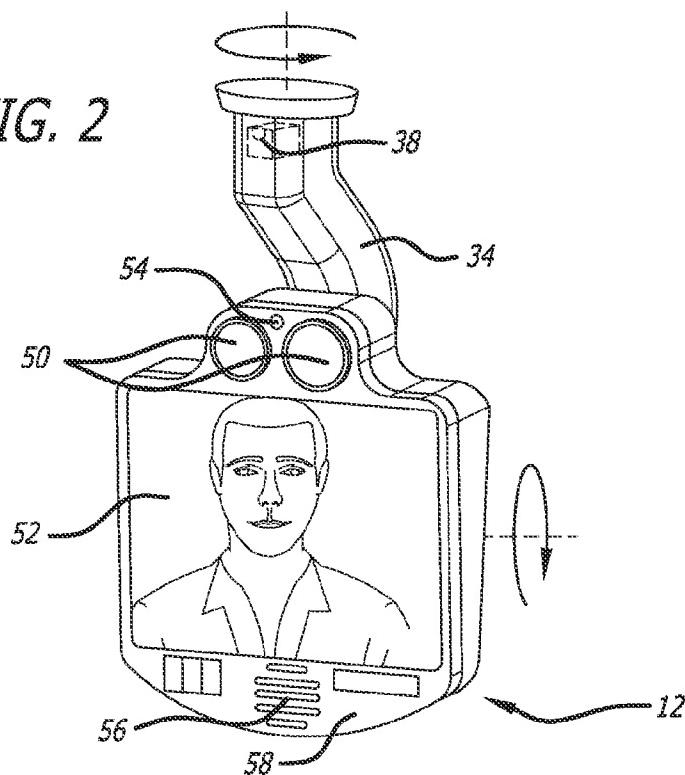
**U.S. Patent**

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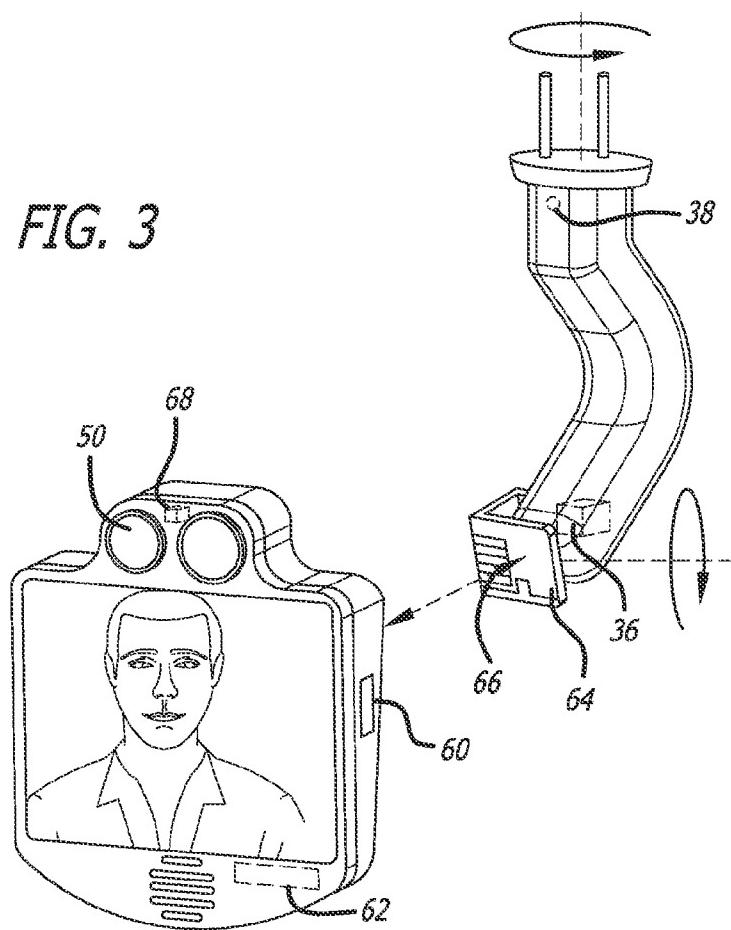
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*FIG. 2*



*FIG. 3*

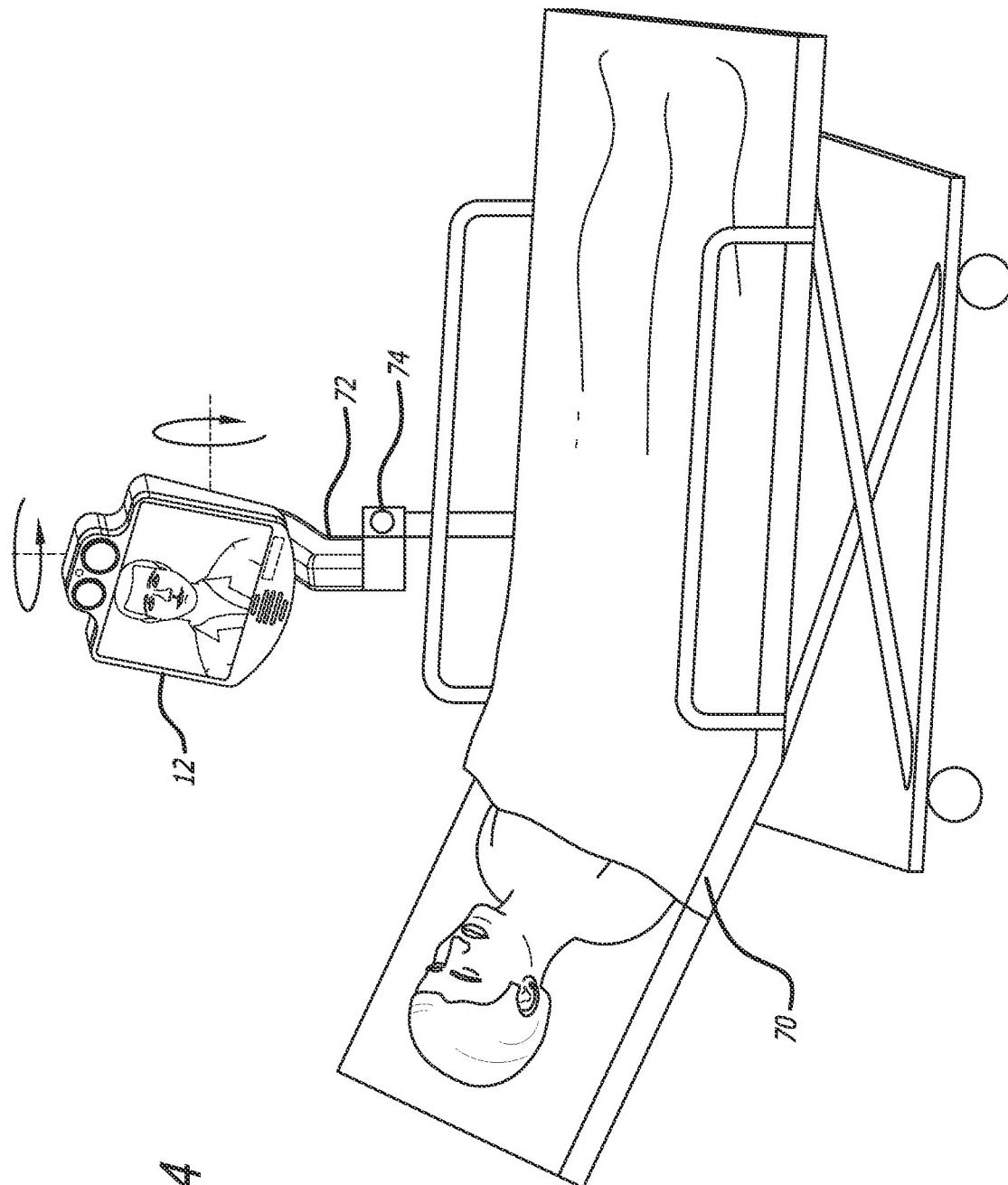


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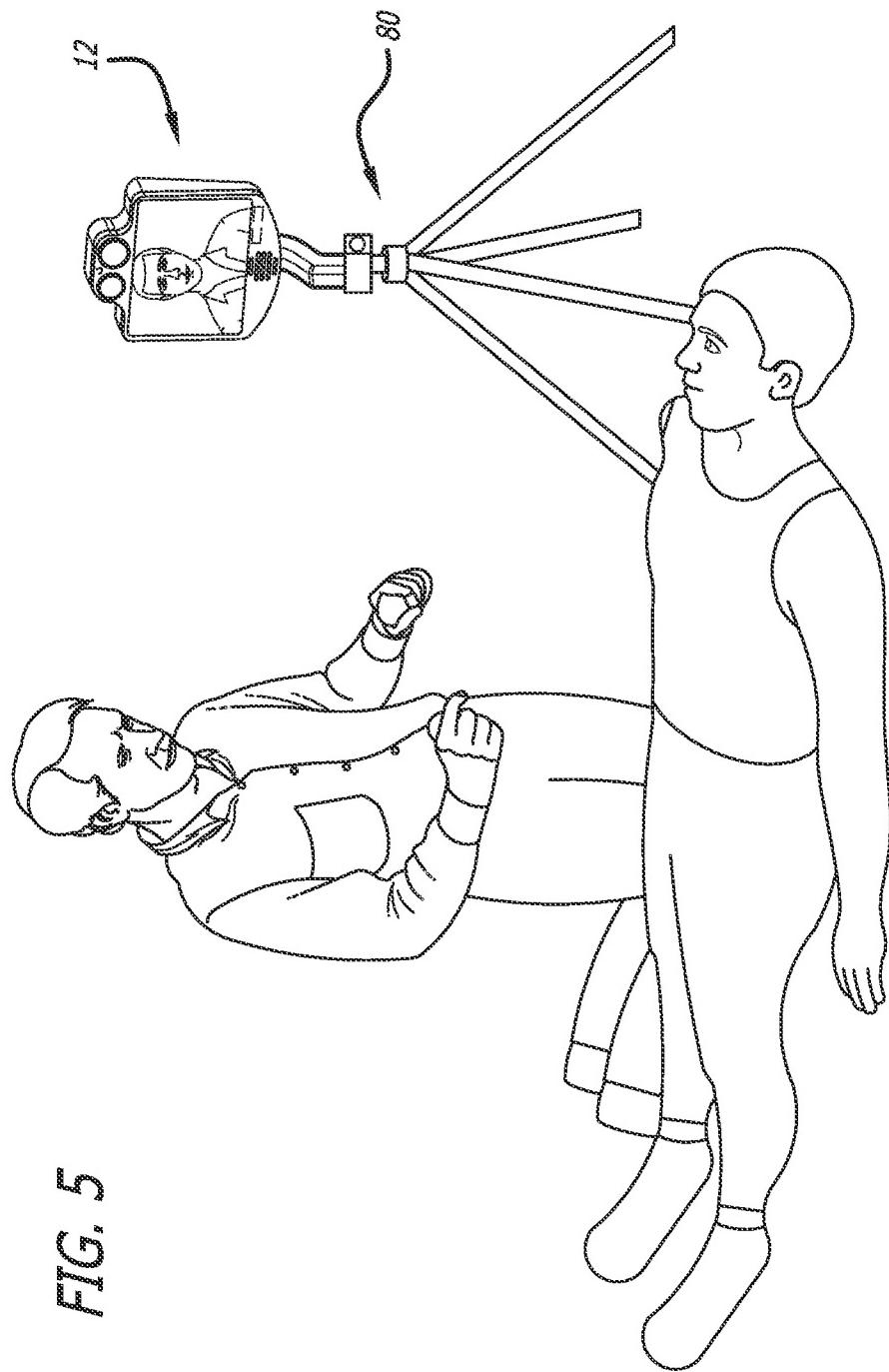
*FIG. 4*

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*FIG. 5*

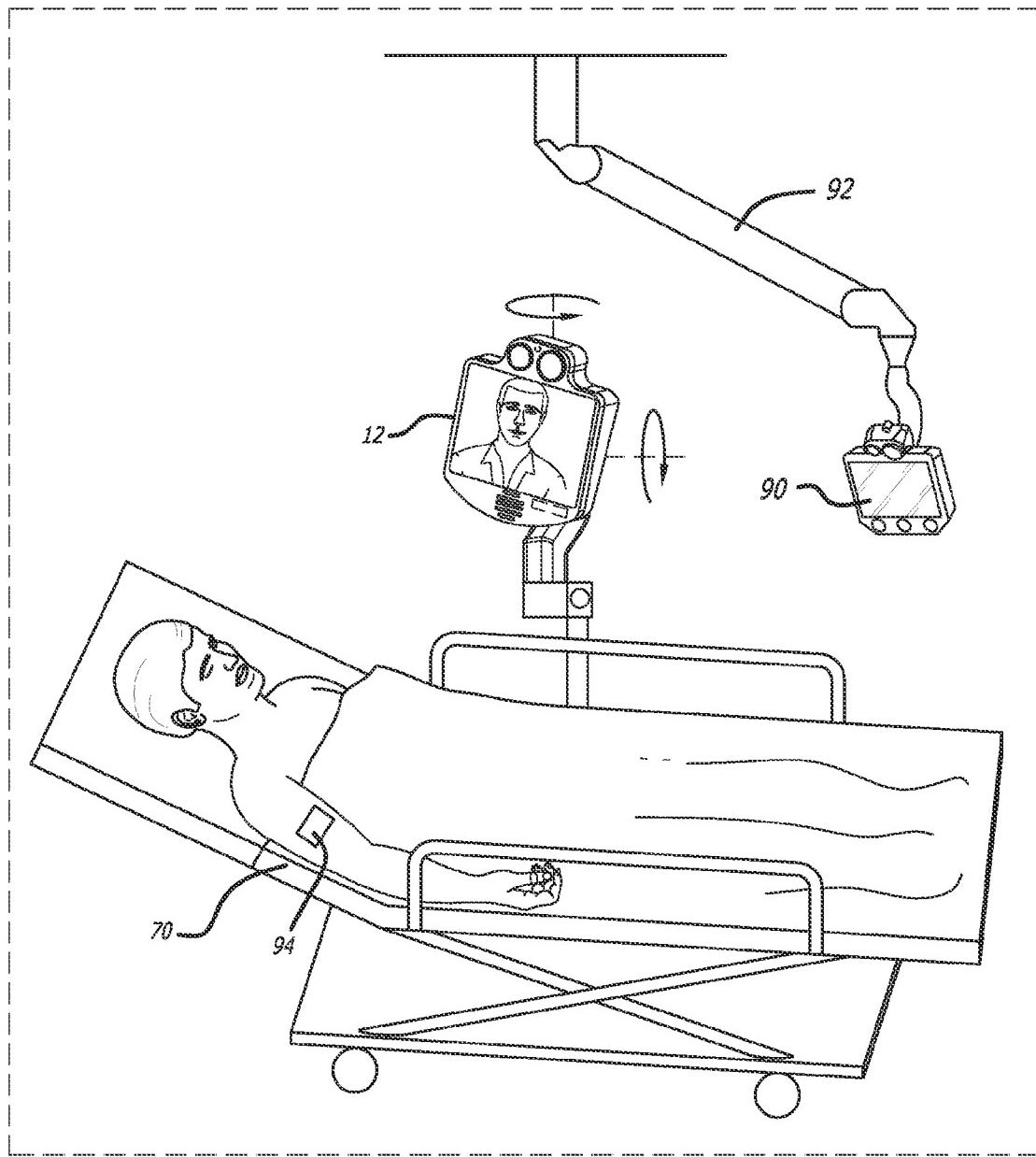
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*FIG. 6*



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**1****PORTABLE REMOTE PRESENCE ROBOT**CROSS-REFERENCE TO RELATED  
APPLICATION

This is a continuation of U.S. application Ser. No. 12/548,122 filed Aug. 26, 2009.

## BACKGROUND OF THE INVENTION

## 1. Field of the Invention

The subject matter disclosed generally relates to the field of robotic tele-presence systems.

## 2. Background Information

Robots have been used in a variety of applications. For example, robots have been used in manufacturing facilities, bomb detection/detonation, medical facilities, etc. The assignee of the present application has developed a tele-presence robot that includes a robot that is remotely controlled through a remote control station. The system is marketed under the product name RP-7. Both the robot and the remote station include cameras, monitors, microphones and speakers to allow for two audio-visual communication. The remote station also includes a joystick that can be operated by the user to move the robot and a robot head.

## BRIEF SUMMARY OF THE INVENTION

A tele-presence system that includes a portable robot face coupled to a remote station. The robot face includes a robot monitor, a robot camera, a robot speaker and a robot microphone. The remote station includes a station monitor, a station camera, a station speaker and a station microphone.

## BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 is an illustration of a tele-presence system that includes a remote station coupled to a portable robot face located within an ambulance;

FIG. 2 is an illustration showing the portable robot face within the ambulance;

FIG. 3 is an illustration showing the portable robot face detached from a platform mounted to the ambulance ceiling;

FIG. 4 is an illustration showing the portable robot face attached to a patient gurney;

FIG. 5 is an illustration showing the portable robot face attached to a stand;

FIG. 6 is an illustration showing a patient within a health-care facility that has a robot face attached to a boom.

## DETAILED DESCRIPTION

Disclosed is a tele-presence system that includes a portable robot face coupled to a remote station. The robot face includes a robot monitor, a robot camera, a robot speaker and a robot microphone. The remote station includes a station monitor, a station camera, a station speaker and a station microphone. The portable robot face can be attached to a platform mounted to the ceiling of an ambulance. The portable robot face can be used by a physician at the remote station to provide remote medical consultation. When the patient is moved from the ambulance the portable robot face can be detached from the platform and moved with the patient.

Referring to the drawings more particularly by reference numbers, FIG. 1 shows a tele-presence system 10. The system 10 includes a portable robot face 12 that is coupled to a remote control station 14 through a wireless network 18. The wire-

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less network may be a cellular broadband network and/or a WiFi network. The portable robot face 12 is located within an ambulance 20.

The remote control station 14 may include a computer 22 that has a monitor 24, a camera 26, a microphone 28 and a speaker 30. The computer 22 may also contain an input device 32 such as a joystick or a mouse. The control station 14 is typically located in a place that is remote from the robot face 12. Although only one remote control station 14 is shown, the system 10 may include a plurality of remote stations 14. In general any number of robot faces 12 may be coupled to any number of remote stations 14 or other robot faces 12. For example, one remote station 14 may be coupled to a plurality of robot faces 12, or one robot face 12 may be coupled to a plurality of remote stations 14, or a plurality of robot faces 12. The system may include an arbitrator (not shown) that controls access between the robot face(s) 12 and the remote stations 14.

As shown in FIGS. 2 and 3, the portable robot face 12 may be attached to a platform 34. The platform 34 may extend from the ceiling (not shown) of the ambulance 20. The platform 34 may include articulate joints 36 and 38 that provide at least two degrees of freedom and allow a user to move the robot face 12 to different positions to view a patient and an EMT within the ambulance.

Each robot face 12 includes a camera(s) 50, a monitor 52, a microphone(s) 54 and a speaker(s) 56 that are all attached to a housing 58. The robot camera 50 is coupled to the remote monitor 24 so that a user at the remote station 14 can view the patient and/or EMT. Likewise, the robot monitor 52 is coupled to the remote camera 26 so the patient and EMT may view the user of the remote station 14. The microphones 28 and 54, and speakers 30 and 56, allow for audible communication between the system operator and the patient and/or EMT.

The system 10 allows a system user such as a physician to view a patient in the ambulance and provide remote medical consultation through the remote station 14 and the robot face 12. Personnel such as the EMT can transmit questions and responses through the system back to the physician. The robot camera 50 allows the physician to view the patient and enhance the medical consultation. The robot monitor 52 can display the physician to provide a feeling of presence in the ambulance. The platform 34 allows the physician to pan and tilt the robot face 12.

The robot face 12 may include a wireless transceiver 60 that is coupled to the wireless network. The portable face 12 also includes a battery 62.

The system 10 may have certain components and software that are the same or similar to a robotic system provided by the assignee InTouch-Health, Inc. of Santa Barbara, Calif. under the name RP-7 and embodies a system described in U.S. Pat. No. 6,925,357, which is hereby incorporated by reference.

As shown in FIG. 3, the portable robot face 12 can be detached from the platform 34. The robot face 12 and platform 34 may have mechanical connectors 64 that allow the face 12 to be readily attached and detached from the platform 34. Likewise, the robot face 12 and platform 34 may include electrical connectors 66. The ambulance may include a wireless transceiver (not shown) that can provide wireless communication to the remote station. The electrical connectors 66 provide an electrical connection between the robot face 12 and the ambulance wireless transceiver. The connectors 66 may also provide power to the robot face 12. Alternatively, the wireless transceiver 60 of the robot face 12 may be coupled to the remote station through the ambulance wireless transceiver. The robot face may include an actuator system 68 that

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can move the camera **50** in two degrees of freedom. This allows the operator to move the camera field of view even when the face **12** is detached from the platform **34**.

As shown in FIG. 4 the portable robot face **12** can be detached from the platform (not shown) and attached to the patient gurney **70**. The robot face **12** may be attached to a platform **72** with two degrees of freedom that allow the remote station user to move the robot face **12**. The platform **72** may include a clamp **74** that allows for attachment to the gurney **70**. The robot face **12** and patient can be moved out of the ambulance on the gurney **70**. The portable aspect of the robot face **12** allows the face to be moved with the patient. The robot face **12** should be of a size and weight so that an individual can lift the face **12**.

As shown in FIG. 5 the portable robot face **12** can be detached from the ambulance platform (not shown) and attached to a stand **80** at a remote location. The portable nature of the robot face **12** allows the face **12** to be taken to any location to allow for remote tele-presence of the operator of the remote station. If the operator is a physician the portable robot face **12** allows for remote medical consultation at any site.

FIG. 6 shows the patient and gurney moved into a health-care facility with a robot face **90** attached to a boom **92**. When the gurney **70** is moved into close proximity with the health-care facility the robot face wireless transceiver may be coupled to the remote station thru the healthcare facility local wireless network such as a WiFi network. Once inside the facility the portable robot face can be connected to an electrical power outlet and a network for Ethernet connection. An electronic ID device **94** may be attached to the patient. The ID device **94** may transmit a wireless signal to the robot face **90** attached to the boom **92**. Receipt of the signal by the face **90** may cause the remote station to be coupled to the robot face **90** attached to the boom **92** instead of the portable robot face **12**. The robot face **90** may be coupled to the remote station by other means. For example, a nurse may type in information into the healthcare facility network system that identifies the new location of the patient. Such an entry may cause the system to switch the remote control station to the robot face **90**. Additionally, there may be other methodologies for inducing the system to automatically transfer the remote station from one robot to another robot.

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While certain exemplary embodiments have been described and shown in the accompanying drawings, it is to be understood that such embodiments are merely illustrative of and not restrictive on the broad invention, and that this invention not be limited to the specific constructions and arrangements shown and described, since various other modifications may occur to those ordinarily skilled in the art.

What is claimed is:

**1.** A method for providing a remote medical consultation, comprising:

capturing an image of a physician with a station camera of a remote station, the remote station includes a station monitor, a station speaker and a station microphone; transmitting the physician image to a portable robot face mounted to a platform, the robot face including a robot monitor, a robot camera, a robot speaker and a robot microphone;

capturing an image of a patient with the robot camera; transmitting the patient image to the remote station; displaying the patient image on the station monitor of the remote station;

transmitting an audio command from the station microphone to the robot speaker;

detaching the portable robot face from the platform; moving the patient and the portable robot to a new location; and

displaying the physician image on the robot monitor while said portable robot face is detached from the platform.

**2.** The method of claim **1**, wherein the platform is attached to an ambulance.

**3.** The method of claim **1**, further comprising attaching the portable robot face to a patient gurney.

**4.** The method of claim **1**, further comprising coupling the portable robot face to a healthcare facility network through a wireless transceiver of the portable robot face.

**5.** The method of claim **1**, further comprising attaching a wireless identification device to the patient and moving the patient into a healthcare facility that includes a robot face attached to a boom, the robot face receives a wireless signal from the wireless identification device and the remote station becomes coupled to the robot face attached to the boom.

\* \* \* \* \*

# Exhibit F



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(12) **United States Patent**  
**Wang et al.**

(10) **Patent No.:** US 9,602,765 B2  
(45) **Date of Patent:** \*Mar. 21, 2017

(54) **PORTABLE REMOTE PRESENCE ROBOT**(71) Applicant: **InTouch Technologies, Inc.**, Goleta, CA (US)(72) Inventors: **Yulun Wang**, Goleta, CA (US); **Charles S. Jordan**, Santa Barbara, CA (US); **Marco Pinter**, Isla Vista, CA (US); **Daniel Steven Sanchez**, Summerland, CA (US); **Kevin Hanrahan**, Santa Barbara, CA (US)(73) Assignee: **INTOUCH TECHNOLOGIES, INC.**, Goleta, CA (US)

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This patent is subject to a terminal disclaimer.

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(51) **Int. Cl.**

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(52) **U.S. Cl.**

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(58) **Field of Classification Search**CPC ..... H04N 7/14; H04N 7/147; H04N 7/142; H04N 21/4788  
See application file for complete search history.

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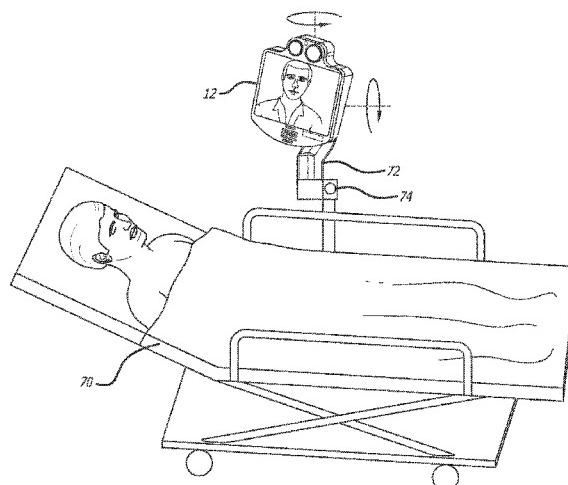
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**ABSTRACT**

A tele-presence system that includes a portable robot face coupled to a remote station. The robot face includes a robot monitor, a robot camera, a robot speaker and a robot microphone. The remote station includes a station monitor, a station camera, a station speaker and a station microphone. The portable robot face can be attached to a platform mounted to the ceiling of an ambulance. The portable robot face can be used by a physician at the remote station to provide remote medical consultation. When the patient is moved from the ambulance the portable robot face can be detached from the platform and moved with the patient.

**4 Claims, 5 Drawing Sheets**

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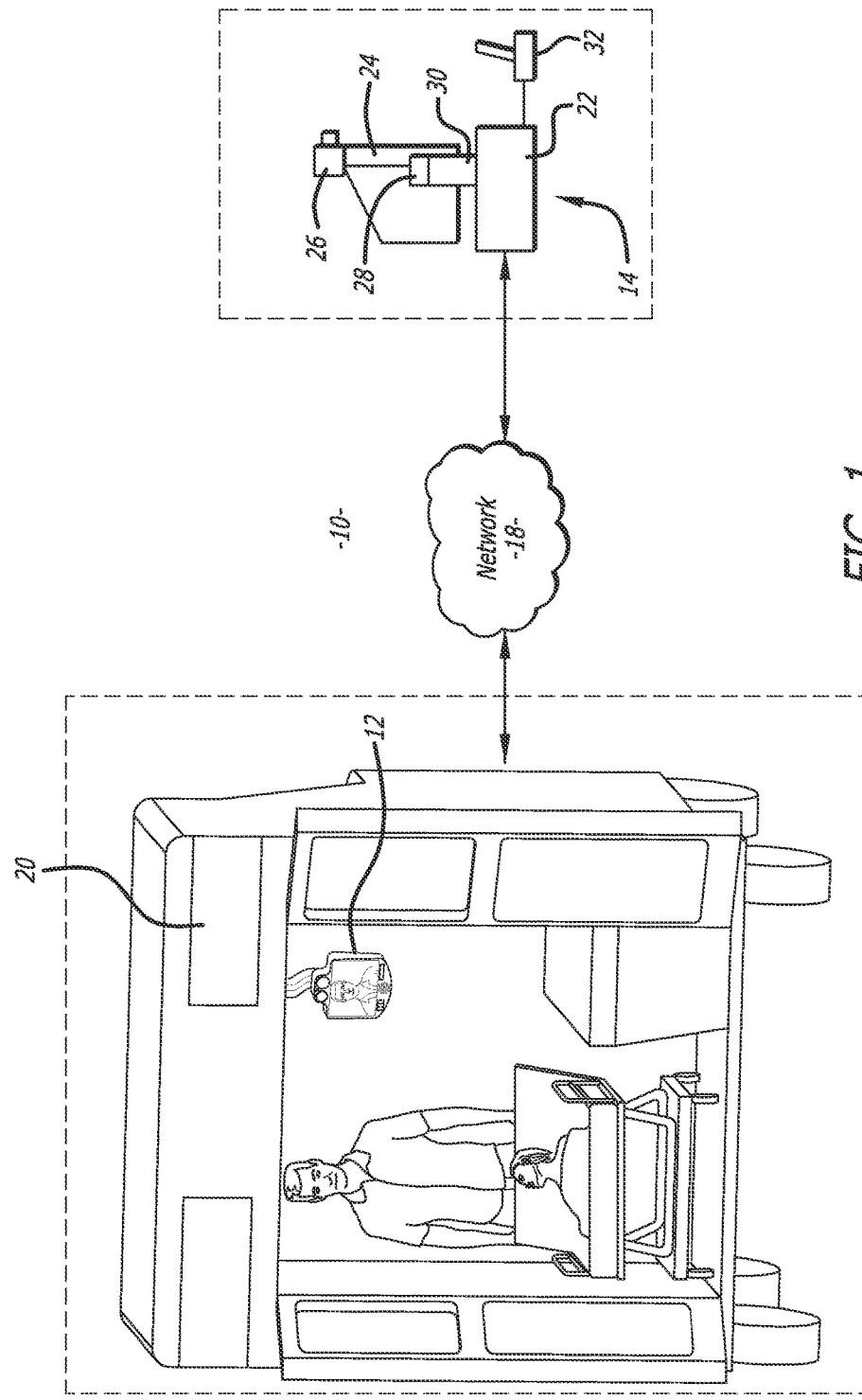
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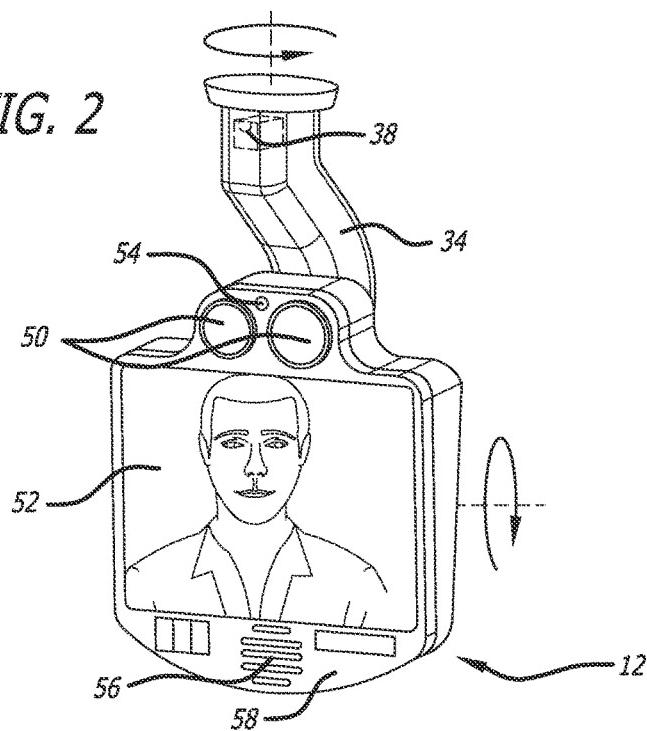
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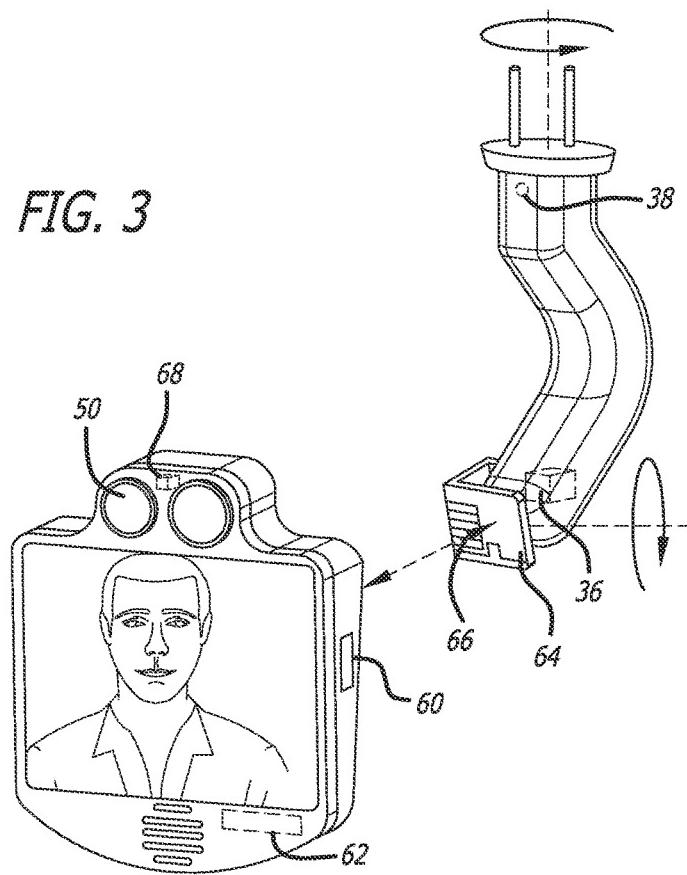
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*FIG. 2*



*FIG. 3*

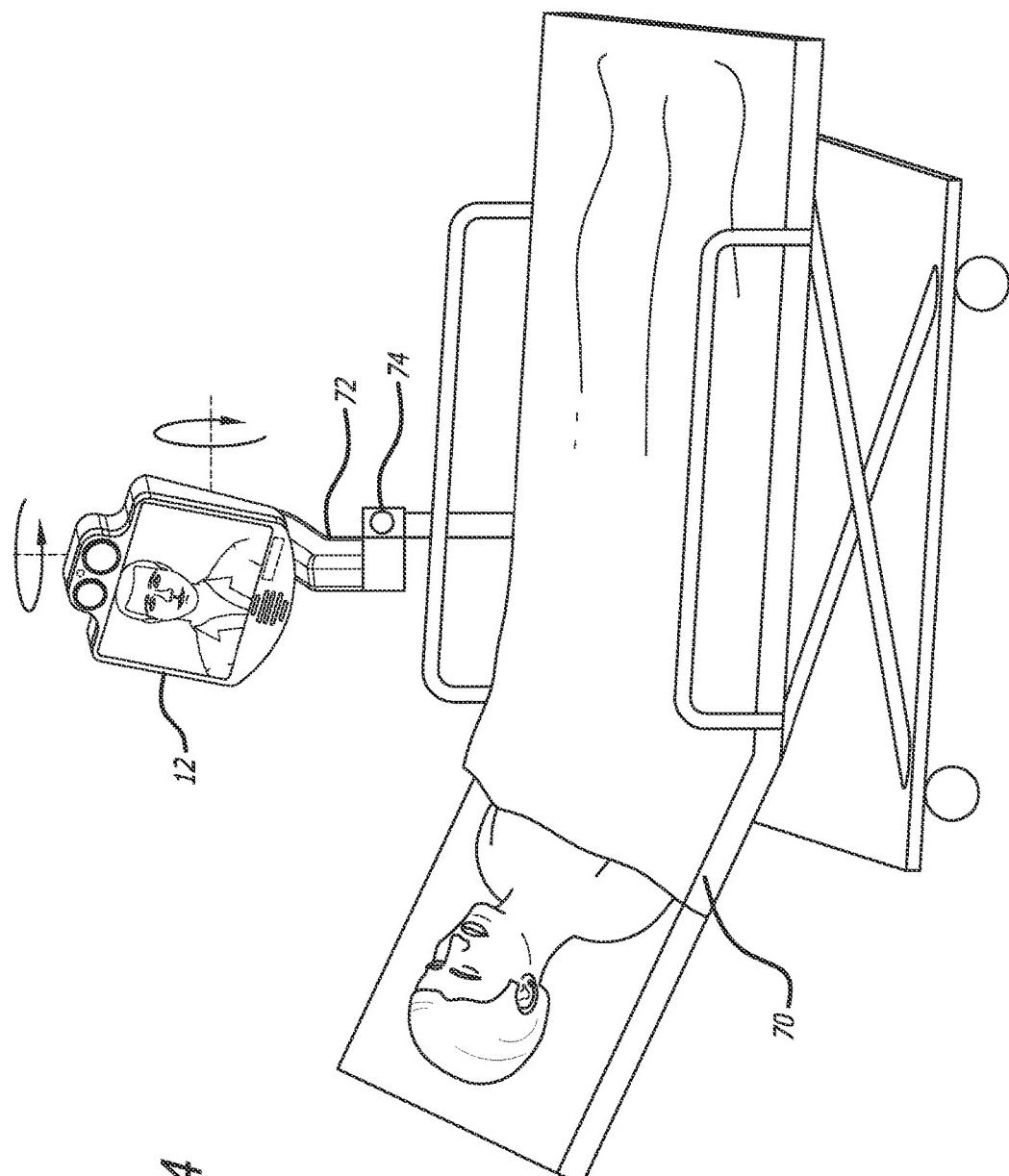


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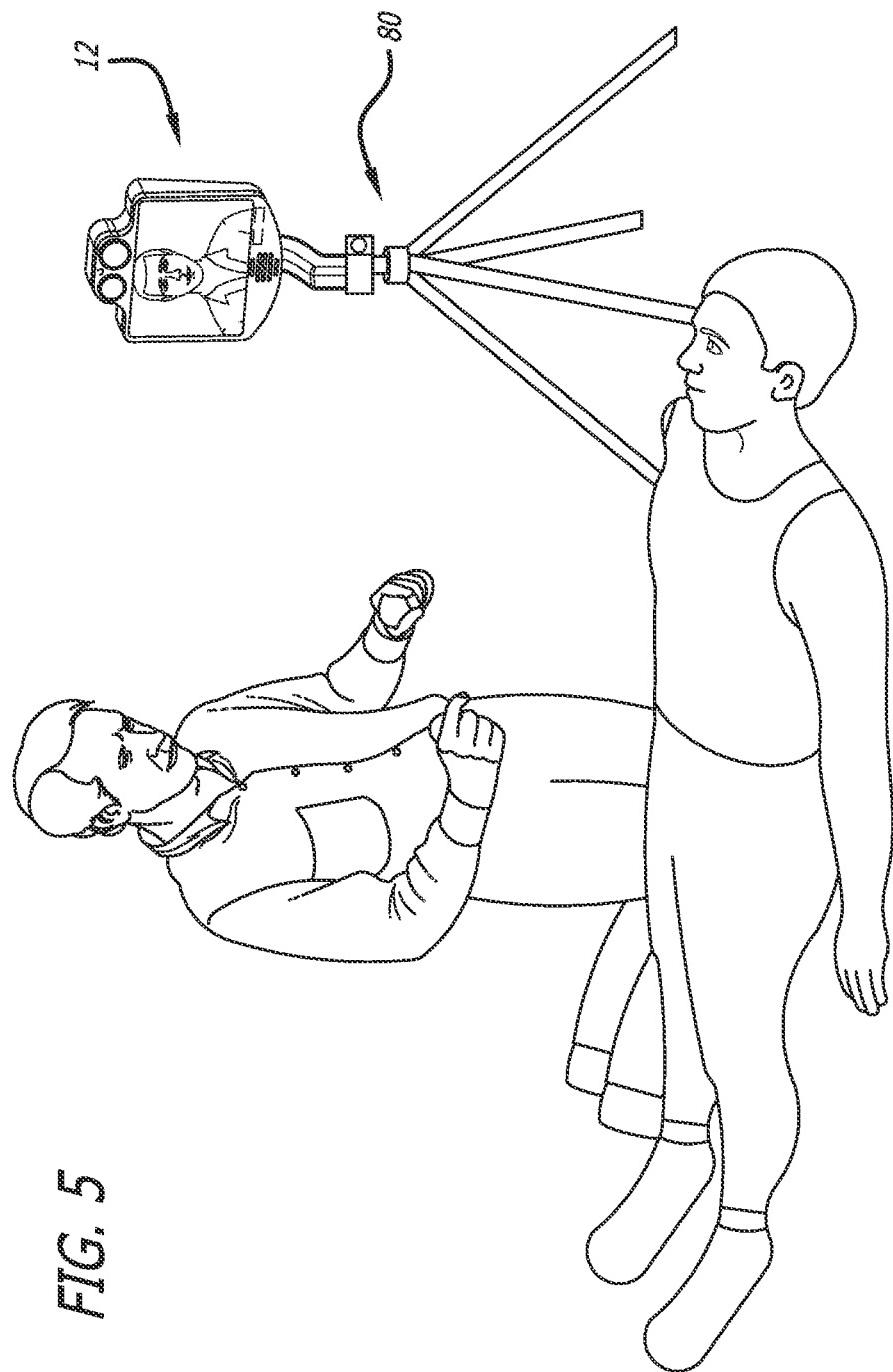
**FIG. 4**

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*FIG. 5*

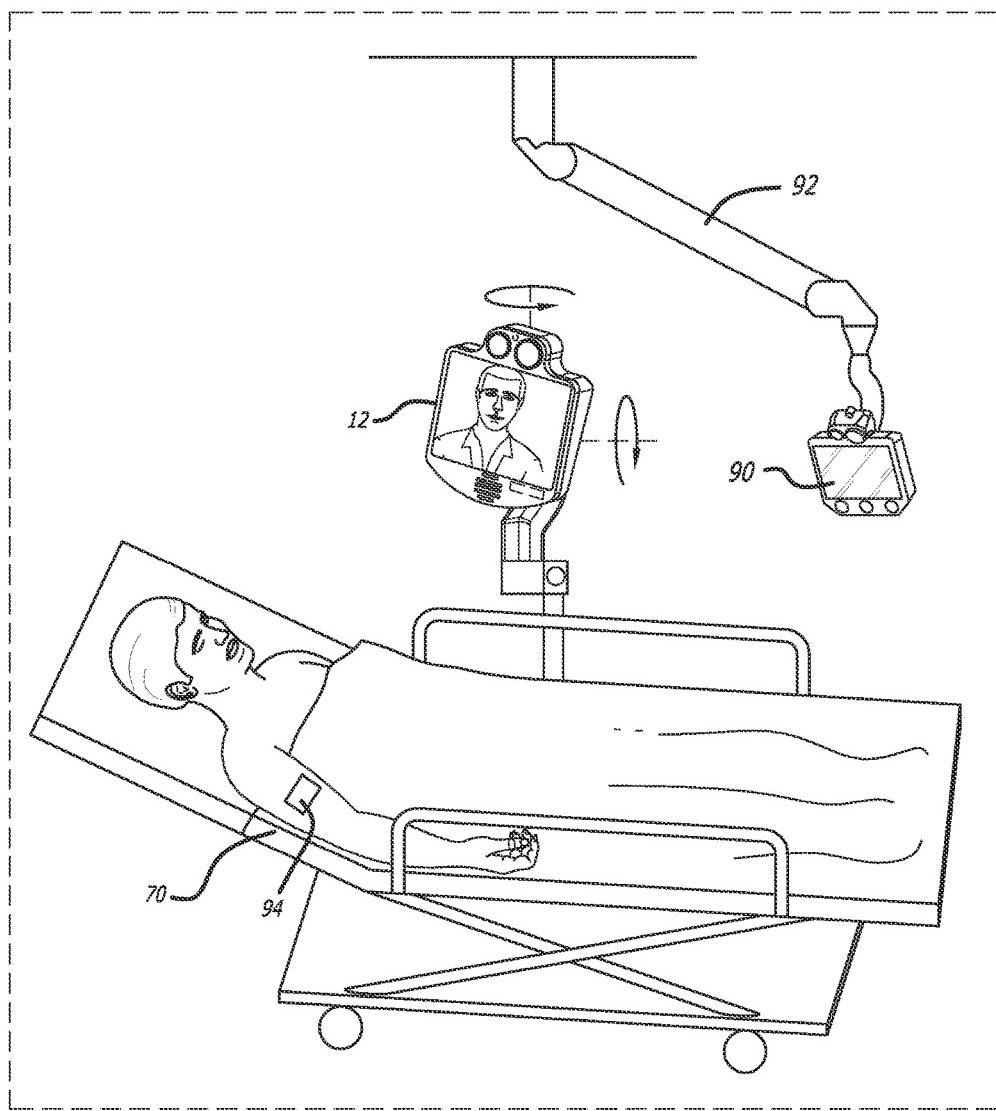
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*FIG. 6*



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**1****PORTABLE REMOTE PRESENCE ROBOT**

## BACKGROUND OF THE INVENTION

## 1. Field of the Invention

The subject matter disclosed generally relates to the field of robotic tele-presence systems.

## 2. Background Information

Robots have been used in a variety of applications. For example, robots have been used in manufacturing facilities, bomb detection/detonation, medical facilities, etc. The assignee of the present application has developed a tele-presence robot that includes a robot that is remotely controlled through a remote control station. The system is marketed under the product name RP-7. Both the robot and the remote station include cameras, monitors, microphones and speakers to allow for two audio-visual communication. The remote station also includes a joystick that can be operated by the user to move the robot and a robot head.

## BRIEF SUMMARY OF THE INVENTION

A tele-presence system that includes a portable robot face coupled to a remote station. The robot face includes a robot monitor, a robot camera, a robot speaker and a robot microphone. The remote station includes a station monitor, a station camera, a station speaker and a station microphone.

## BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 is an illustration of a tele-presence system that includes a remote station coupled to a portable robot face located within an ambulance;

FIG. 2 is an illustration showing the portable robot face within the ambulance;

FIG. 3 is an illustration showing the portable robot face detached from a platform mounted to the ambulance ceiling;

FIG. 4 is an illustration showing the portable robot face attached to a patient gurney;

FIG. 5 is an illustration showing the portable robot face attached to a stand;

FIG. 6 is an illustration showing a patient within a healthcare facility that has a robot face attached to a boom.

## DETAILED DESCRIPTION

Disclosed is a tele-presence system that includes a portable robot face coupled to a remote station. The robot face includes a robot monitor, a robot camera, a robot speaker and a robot microphone. The remote station includes a station monitor, a station camera, a station speaker and a station microphone. The portable robot face can be attached to a platform mounted to the ceiling of an ambulance. The portable robot face can be used by a physician at the remote station to provide remote medical consultation. When the patient is moved from the ambulance the portable robot face can be detached from the platform and moved with the patient.

Referring to the drawings more particularly by reference numbers, FIG. 1 shows a tele-presence system 10. The system 10 includes a portable robot face 12 that is coupled to a remote control station 14 through a wireless network 18. The wireless network may be a cellular broadband network and/or a WiFi network. The portable robot face 12 is located within an ambulance 20.

The remote control station 14 may include a computer 22 that has a monitor 24, a camera 26, a microphone 28 and a

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speaker 30. The computer 22 may also contain an input device 32 such as a joystick or a mouse. The control station 14 is typically located in a place that is remote from the robot face 12. Although only one remote control station 14 is shown, the system 10 may include a plurality of remote stations 14. In general any number of robot faces 12 may be coupled to any number of remote stations 14 or other robot faces 12. For example, one remote station 14 may be coupled to a plurality of robot faces 12, or one robot face 12 may be coupled to a plurality of remote stations 14, or a plurality of robot faces 12. The system may include an arbitrator (not shown) that controls access between the robot face(s) 12 and the remote stations 14.

As shown in FIGS. 2 and 3, the portable robot face 12 may be attached to a platform 34. The platform 34 may extend from the ceiling (not shown) of the ambulance 20. The platform 34 may include articulate joints 36 and 38 that provide at least two degrees of freedom and allow a user to move the robot face 12 to different positions to view a patient and an EMT within the ambulance.

Each robot face 12 includes a camera(s) 50, a monitor 52, a microphone(s) 54 and a speaker(s) 56 that are all attached to a housing 58. The robot camera 50 is coupled to the remote monitor 24 so that a user at the remote station 14 can view the patient and/or EMT. Likewise, the robot monitor 52 is coupled to the remote camera 26 so the patient and EMT may view the user of the remote station 14. The microphones 28 and 54, and speakers 30 and 56, allow for audible communication between the system operator and the patient and/or EMT.

The system 10 allows a system user such as a physician to view a patient in the ambulance and provide remote medical consultation through the remote station 14 and the robot face 12. Personnel such as the EMT can transmit questions and responses through the system back to the physician. The robot camera 50 allows the physician to view the patient and enhance the medical consultation. The robot monitor 52 can display the physician to provide a feeling of presence in the ambulance. The platform 34 allows the physician to pan and tilt the robot face 12.

The robot face 12 may include a wireless transceiver 60 that is coupled to the wireless network. The portable face 12 also includes a battery 62.

The system 10 may have certain components and software that are the same or similar to a robotic system provided by the assignee InTouch-Health, Inc. of Santa Barbara, Calif. under the name RP-7 and embodies a system described in U.S. Pat. No. 6,925,357, which is hereby incorporated by reference.

As shown in FIG. 3, the portable robot face 12 can be detached from the platform 34. The robot face 12 and platform 34 may have mechanical connectors 64 that allow the face 12 to be readily attached and detached from the platform 34. Likewise, the robot face 12 and platform 34 may include electrical connectors 66. The ambulance may include a wireless transceiver (not shown) that can provide wireless communication to the remote station. The electrical connectors 66 provide an electrical connection between the robot face 12 and the ambulance wireless transceiver. The connectors 66 may also provide power to the robot face 12. Alternatively, the wireless transceiver 60 of the robot face 12 may be coupled to the remote station through the ambulance wireless transceiver. The robot face may include an actuator system 68 that can move the camera 50 in two degrees of freedom. This allows the operator to move the camera field of view even when the face 12 is detached from the platform 34.

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As shown in FIG. 4 the portable robot face 12 can be detached from the platform (not shown) and attached to the patient gurney 70. The robot face 12 may be attached to a platform 72 with two degrees of freedom that allow the remote station user to move the robot face 12. The platform 72 may include a clamp 74 that allows for attachment to the gurney 70. The robot face 12 and patient can be moved out of the ambulance on the gurney 70. The portable aspect of the robot face 12 allows the face to be moved with the patient. The robot face 12 should be of a size and weight so that an individual can lift the face 12.

As shown in FIG. 5 the portable robot face 12 can be detached from the ambulance platform (not shown) and attached to a stand 80 at a remote location. The portable nature of the robot face 12 allows the face 12 to be taken to any location to allow for remote tele-presence of the operator of the remote station. If the operator is a physician the portable robot face 12 allows for remote medical consultation at any site.

FIG. 6 shows the patient and gurney moved into a healthcare facility with a robot face 90 attached to a boom 92. When the gurney 70 is moved into close proximity with the healthcare facility the robot face wireless transceiver may be coupled to the remote station thru the healthcare facility local wireless network such as a WiFi network. Once inside the facility the portable robot face can be connected to an electrical power outlet and a network for Ethernet connection. An electronic ID device 94 may be attached to the patient. The ID device 94 may transmit a wireless signal to the robot face 90 attached to the boom 92. Receipt of the signal by the face 90 may cause the remote station to be coupled to the robot face 90 attached to the boom 92 instead of the portable robot face 12. The robot face 90 may be coupled to the remote station by other means. For example, a nurse may type in information into the healthcare facility network system that identifies the new location of the patient. Such an entry may cause the system to switch the

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remote control station to the robot face 90. Additionally, there may be other methodologies for inducing the system to automatically transfer the remote station from one robot to another robot.

While certain exemplary embodiments have been described and shown in the accompanying drawings, it is to be understood that such embodiments are merely illustrative of and not restrictive on the broad invention, and that this invention not be limited to the specific constructions and arrangements shown and described, since various other modifications may occur to those ordinarily skilled in the art.

What is claimed is:

1. A portable robot face that is adapted to be coupled to a remote station that has a station monitor, a station camera, a station speaker and a station microphone, comprising:  
 a housing;  
 a camera coupled to said housing;  
 a monitor that is coupled to said housing and is adapted to display images captured by the station camera;  
 a speaker that is coupled to said housing and is adapted to generate a sound provided through the station microphone;  
 a microphone coupled to said housing;  
 a battery coupled to said housing;  
 a wireless transceiver coupled to said housing; and,  
 a clamp adapted to attach and detach said housing to and from a platform, wherein said robot face is operable when said housing is detached from said platform.
2. The portable robot face of claim 1, wherein the root face is attached to the platform with two degrees of freedom relative to the platform.
3. The portable robot face of claim 2, further comprising an electrical connector adapted to be attached to said platform.
4. The portable robot face of claim 1, wherein the battery is disposed within the housing.

\* \* \* \* \*

# Exhibit G



US008670017B2

(12) **United States Patent**  
**Stuart et al.**

(10) **Patent No.:** US 8,670,017 B2  
(45) **Date of Patent:** Mar. 11, 2014

(54) **REMOTE PRESENCE SYSTEM INCLUDING A CART THAT SUPPORTS A ROBOT FACE AND AN OVERHEAD CAMERA**

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(73) Assignee: **Intouch Technologies, Inc.**, Goleta, CA (US)

(\*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 955 days.

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**G06F 17/00** (2006.01)  
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(52) **U.S. Cl.**

USPC ..... **348/14.05**; 5/424; 219/137.2; 312/215;  
348/14.08; 348/14.09; 375/240.12; 600/300;  
600/301; 700/248; 700/253; 700/259; 702/150;  
705/2; 706/11

(58) **Field of Classification Search**

USPC ..... 5/424; 219/137.2; 312/215; 348/14.05,  
348/14.09, 14.08; 375/240.12; 600/300,  
600/301; 700/259, 248, 253; 702/150;  
706/11; 705/2

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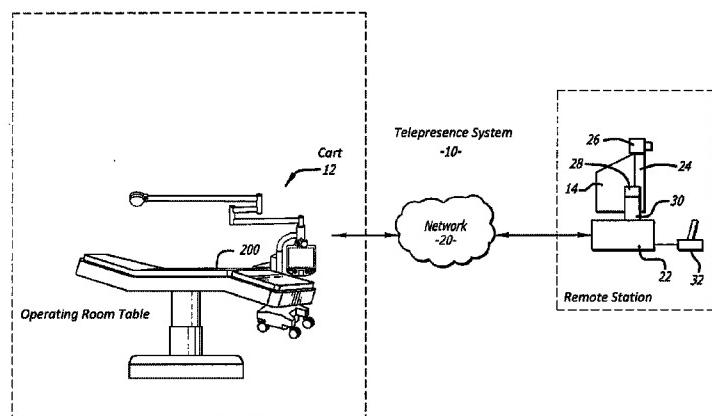
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**ABSTRACT**

A tele-presence system that includes a cart. The cart includes a robot face that has a robot monitor, a robot camera, a robot speaker, a robot microphone, and an overhead camera. The system also includes a remote station that is coupled to the robot face and the overhead camera. The remote station includes a station monitor, a station camera, a station speaker and a station microphone. The remote station can display video images captured by the robot camera and/or overhead camera. By way of example, the cart can be used in an operating room, wherein the overhead camera can be placed in a sterile field and the robot face can be used in a non-sterile field. The user at the remote station can conduct a teleconference through the robot face and also obtain a view of a medical procedure through the overhead camera.

**30 Claims, 5 Drawing Sheets**



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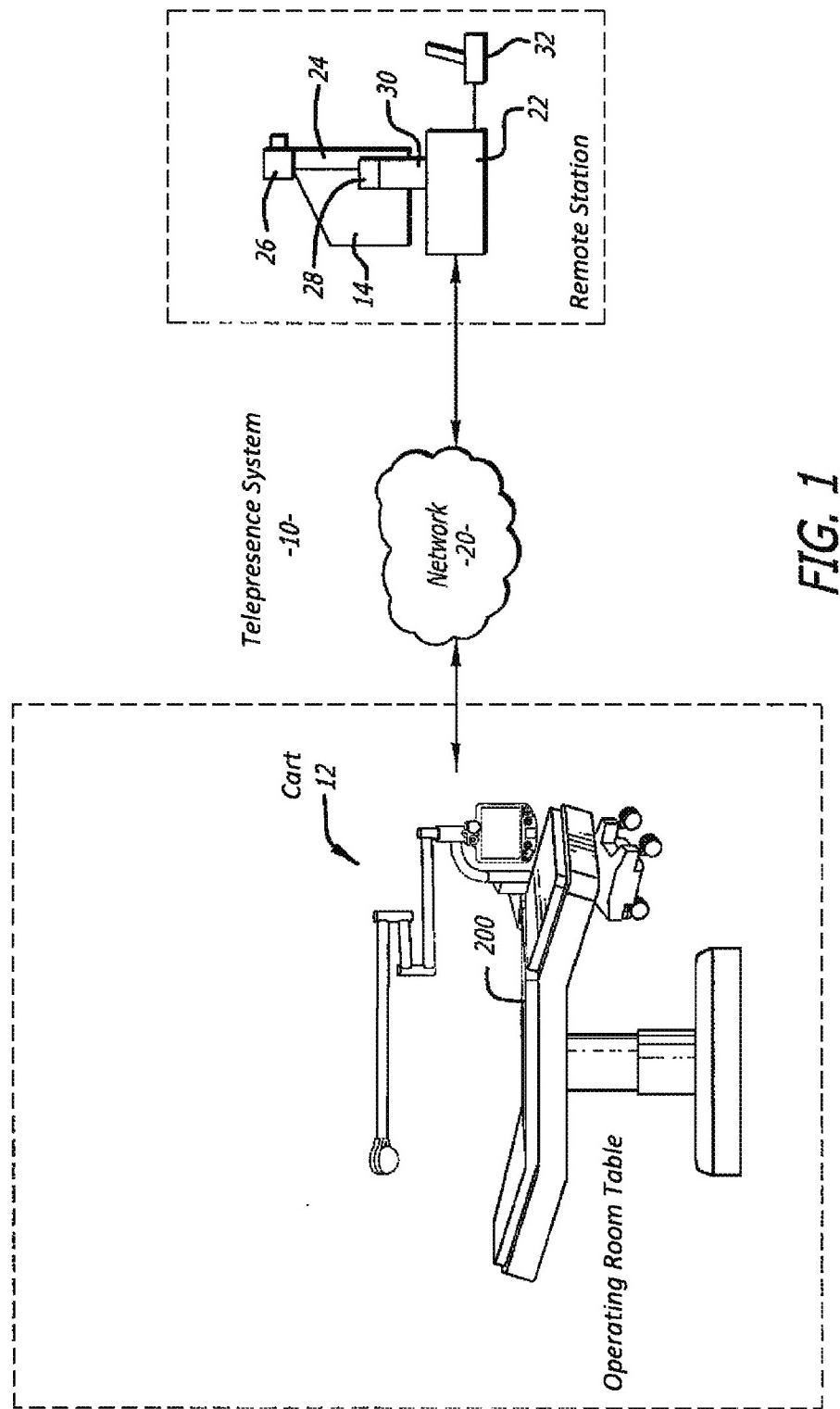


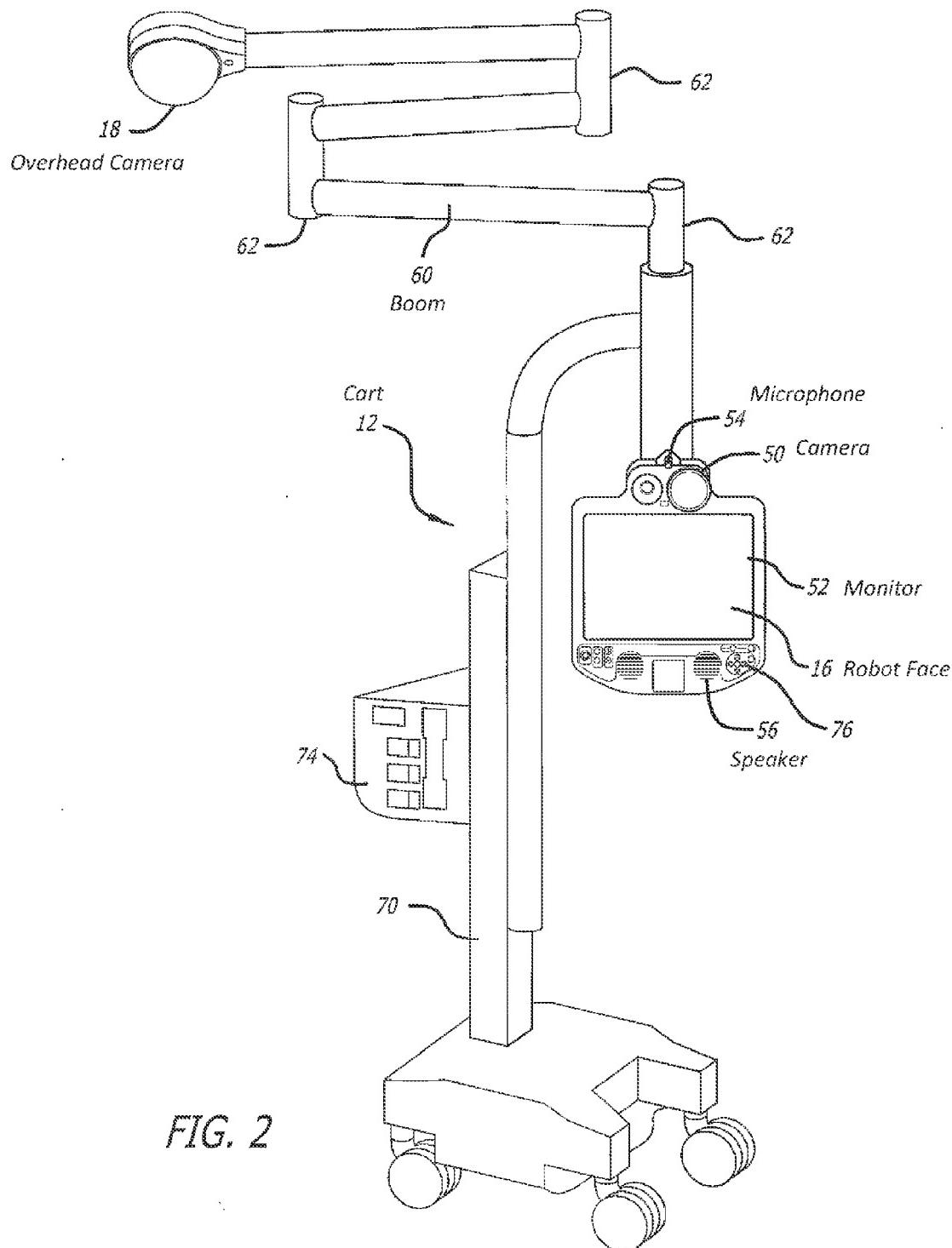
FIG. 1

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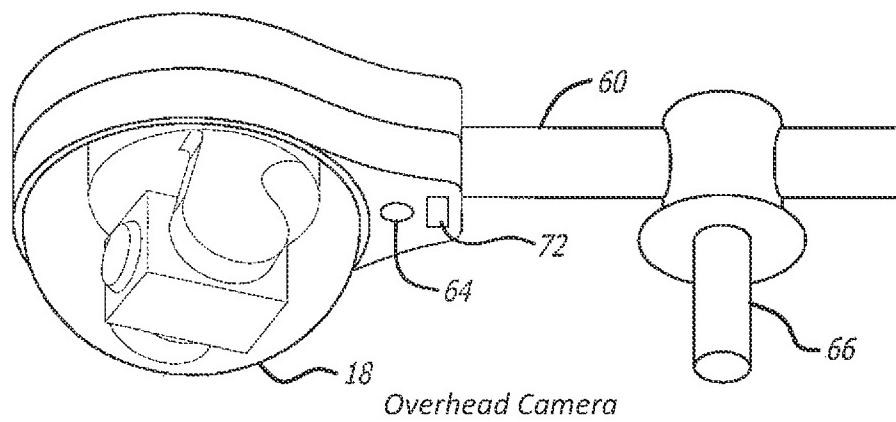
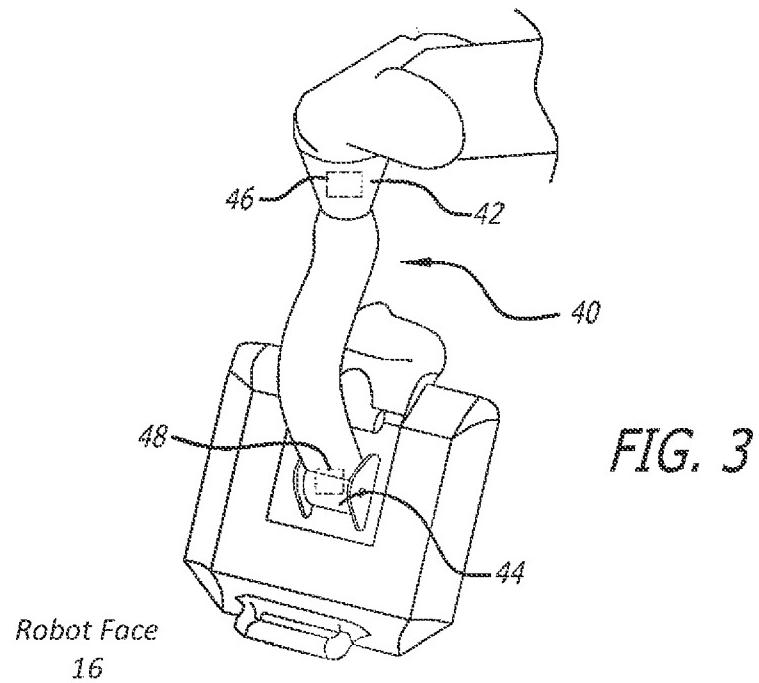


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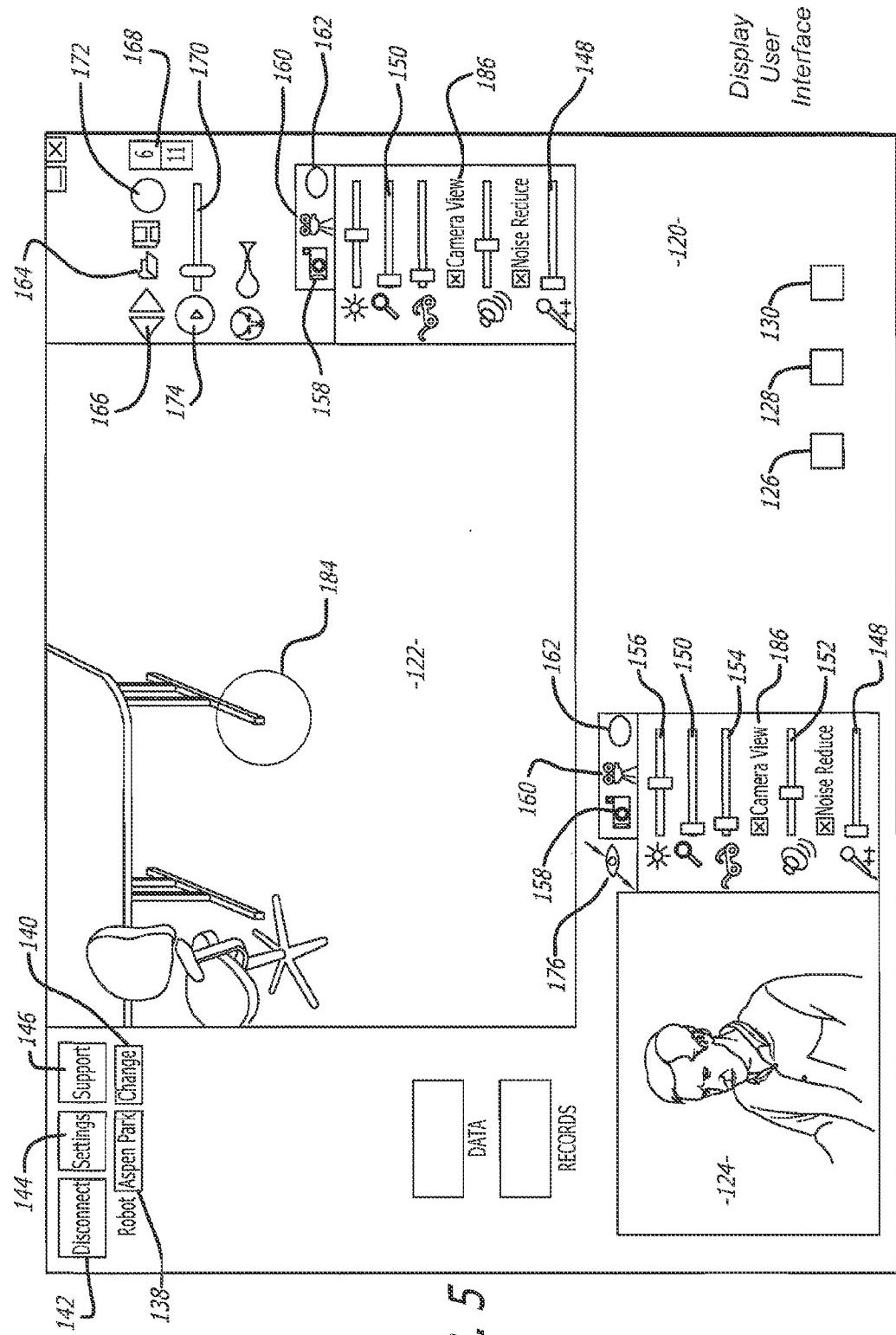
*FIG. 4*

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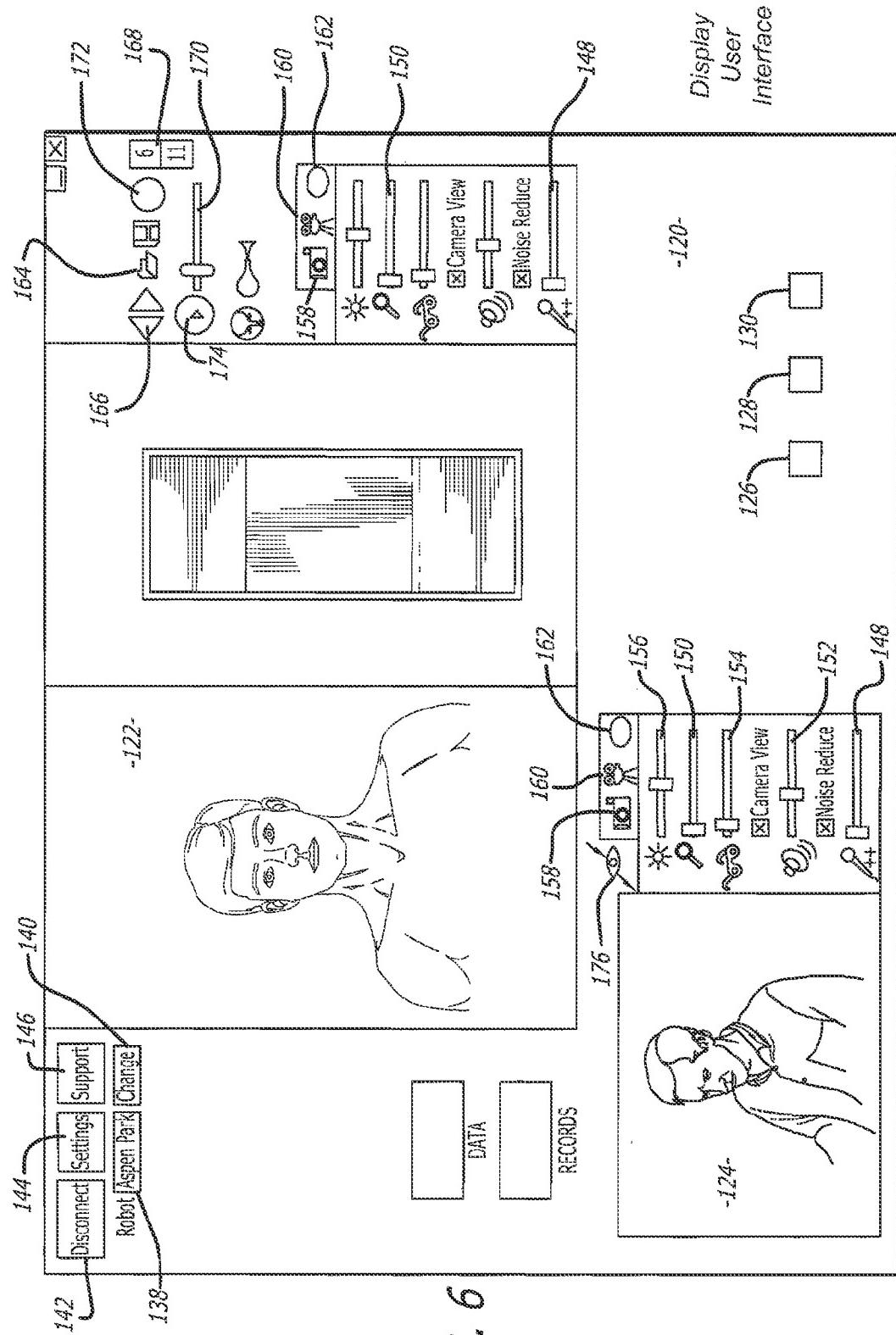


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## US 8,670,017 B2

**1****REMOTE PRESENCE SYSTEM INCLUDING  
A CART THAT SUPPORTS A ROBOT FACE  
AND AN OVERHEAD CAMERA****BACKGROUND OF THE INVENTION****1. Field of the Invention**

The subject matter disclosed generally relates to the field of robotic tele-presence systems.

**2. Background Information**

Robots have been used in a variety of applications ranging from remote control of hazardous material to assisting in the performance of surgery. For example, U.S. Pat. No. 5,762,458 issued to Wang et al. discloses a system that allows a surgeon to perform minimally invasive medical procedures through the use of robotically controlled instruments. One of the robotic arms in the Wang system moves an endoscope that has a camera. The camera allows a surgeon to view a surgical area of a patient.

There has been marketed a mobile tele-presence robot introduced by InTouch Technologies, Inc., the assignee of this application, under the trademark RP-7. The InTouch robot is controlled by a user at a remote station. The remote station may be a personal computer with a joystick that allows the user to remotely control the movement of the robot. Both the robot and remote station have cameras, monitors, speakers and microphones to allow for two-way video/audio communication. The robot camera provides video images to a screen at the remote station so that the user can view the robot's surroundings and move the robot accordingly.

InTouch also provides a system sold as VisitOR that includes a robot face that is attached to a boom. The boom and robot face can be installed into an operating room. Using a robot face in an operating room may require sterilization of the face. Additionally, the VisitOR requires the installation of a boom in the operating room. This can add to the cost and complexity of installing such a system.

**BRIEF SUMMARY OF THE INVENTION**

A tele-presence system that includes a cart. The cart includes a robot face that has a robot monitor, a robot camera, a robot speaker, a robot microphone, and an overhead camera. The system also includes a remote station that is coupled to the robot face and the overhead camera. The remote station includes a station monitor, a station camera, a station speaker and a station microphone.

**BRIEF DESCRIPTION OF THE DRAWINGS**

FIG. 1 is an illustration of a tele-presence system;

FIG. 2 is a perspective view of a cart of the system;

FIG. 3 is a rear view of an articulated arm and a robot face of the cart;

FIG. 4 is an enlarged perspective view of an overhead camera of the cart;

FIG. 5 is an illustration of a display user interface of a remote station;

FIG. 6 is an illustration of a display user interface showing video images captured by a robot camera and an overhead camera being simultaneously displayed.

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camera. The system also includes a remote station that is coupled to the robot face and the overhead camera. The remote station includes a station monitor, a station camera, a station speaker and a station microphone. The remote station can display video images captured by the robot camera and/or overhead camera. By way of example, the cart can be used in an operating room, wherein the overhead camera can be placed above a sterile field to provide a more advantageous vantage point to view a procedure. The user at the remote station can conduct a teleconference through the robot face and also obtain a view of a medical procedure through the overhead camera.

Referring to the drawings more particularly by reference numbers, FIGS. 1, 2 and 3 show a tele-presence system 10. The system 10 includes a cart 12 that is coupled to a remote control station 14. The cart 12 has a robot face 16 and an overhead camera 18. The remote control station 14 may be coupled to the cart 12 through a network 20. By way of example, the network 20 may be either a packet switched network such as the Internet, or a circuit switched network such as a Public Switched Telephone Network (PSTN) or other broadband system. Alternatively, the cart 12 may be coupled to the remote station 14 network thru a satellite.

The remote control station 14 may include a computer 22 that has a monitor 24, a camera 26, a microphone 28 and a speaker 30. The computer 22 may also contain an input device 32 such as a joystick or a mouse. The control station 14 is typically located in a place that is remote from the cart 12.

Although only one remote control station 14 is shown, the system 10 may include a plurality of remote stations 14. In general any number of carts 12 may be coupled to any number of remote stations 14 or other carts 12. For example, one remote station 14 may be coupled to a plurality of carts 12, or one cart 12 may be coupled to a plurality of remote stations 14, or a plurality of carts 12. The system may include an arbitrator (not shown) that control access between the carts 12 and the remote stations 14.

As shown in FIG. 3, the cart 12 may include an articulated arm 40 that supports and can move the robot face 16. The articulated arm 40 may have active joints 42 and 44 that allow the robot face 16 to be panned and tilted, respectively. The active joints 42 and 44 may move in response to commands provided by the remote station. The joints 42 and 44 may contain position sensors 46 and 48, respectively, that provide positional feedback of the arm 40.

Referring to FIGS. 2 and 3, each robot face 16 includes a camera(s) 50, a monitor 52, a microphone(s) 54 and a speaker(s) 56. The robot camera 50 is coupled to the remote monitor 24 so that a user at the remote station 14 can view a video image captured by the robot camera 50. Likewise, the robot monitor 52 is coupled to the remote camera 26 so personnel at the surgical site may view the user of the remote station 14. The microphones 28 and 54, and speakers 30 and 56, allow for audible communication between the system operator and the personnel at the surgical site.

The overhead camera 18 may be coupled to a boom 60. The boom 60 may include a number of joints 62, either active or passive. The joints 62 may include positional sensors to provide feedback regarding the position of the overhead camera 18.

As shown in FIG. 4, the cart 12 may include an overhead microphone 64 and a detachable handle 66. The overhead microphone 64 may provide an alternative source of sound. The detachable handle 66 can be used to move the boom 60 and overhead camera 18. If the cart 12 is used in a sterile field, for example in an operating room, the handle 66 may be

**DETAILED DESCRIPTION**

Disclosed is a tele-presence system that includes a cart. The cart includes a robot face that has a robot monitor, a robot camera, a robot speaker, a robot microphone, and an overhead

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replaced with a sterile handle before each medical procedure to allow a surgeon within the sterile field to position the boom during a procedure.

Referring again to FIG. 2, the cart 12 may include a linear actuator 70 that can be remotely or locally actuated to vary the height of the robot face 16 and overhead camera 18. Varying the height allows the cart 12 to be rolled through doors and then actuated to move the face 16 and camera 18 to elevated positions. For example, the face 16 and camera 18 can be lowered to allow the cart 12 to be moved into an operating room. The camera 18 can then be raised to provide a desirable view over an operating table. The cart 12 may include a laser pointer 72 and/or directed lighting (not shown) located on the boom 60. The cart 12 may also include a local control panel 74 to move the articulated arm 40, actuator 70 and/or boom 60. The linear actuator 70 is also advantageous in moving the face 16 to be essentially at the same level as a person whether they are standing, sitting or lying in a prone position.

The robot face 16 may include a processor, hard disk drive and other circuits that enable the face 16 to function as a computer. The face 16 may include an input panel 76 that allows a user to provide input. By way of example, the operator of the remote station may provide one or more questions through the robot face 16, wherein a user of the cart provides answers through the input panel 76.

The system 10 may have certain components and software that are the same or similar to a robotic system provided by the assignee InTouch Technologies, Inc. of Goleta, Calif. under the name RP-7 and embodies a system described in U.S. Pat. No. 6,925,357, which is hereby incorporated by reference.

FIG. 5 shows a display user interface ("DUI") 120 that can be displayed at the remote station 14. The DUI 120 may include a robot view field 122 that displays a video image captured by the robot camera and/or the overhead camera. The DUI 120 may also include a station view field 124 that displays a video image provided by the camera of the remote station 14. The DUI 120 may be part of an application program stored and operated by the computer 22 of the remote station 14.

The DUI 120 may include a graphical switch 126 that allows the user to select between the video image provided by the robot camera and the video image provided by the overhead camera. The DUI 120 may also have a graphical switch 128 that allows the user to select the simultaneous display of the video images from the robot and overhead cameras as shown in FIG. 6. The video images from both cameras can be streamed to the remote station from the cart. The images can be merged by presenting a center rectangle of each image (e.g., 320×480 center area). A zoom or highlighting feature may be utilized by manipulating a cursor on either image. The system may also automatically pan a camera when the cursor is moved out of the displayed field of view.

The system may automatically present the video image from a camera that has an optimal view of an object. For example, the system may utilize pattern recognition techniques to determine which video image provides a more clear image of an object. The system may determine which camera is in closer proximity to an object and provide the image from the camera that is closer to the object. The system may utilize positional feedback from the cart to determine the proximity of the cameras relative to the object. The system may also have sensors, such as laser, sonar, etc. that can determine the proximity of the cameras to the object. The system may use the feedback and/or sensors to determine which camera is closer to an object.

The system may automatically move the cameras so that each camera is pointed to the same or substantially the same

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field of view. For example, if the robot face is pointed toward an object, the overhead camera can be automatically moved to capture a video image of the same object. Likewise, if the overhead camera is capturing a video image of an object, the robot face can be automatically moved to point toward the same object. This enhances the "presence" of the remote operator because they are facing the same object that the overhead camera is viewing.

The DUI 120 may have a graphical switch 130 that allows the user to switch between sound captured by the robot microphone or the overhead microphone. The system may automatically switch between microphones based on a characteristic(s) of the sound captured by the microphones. For example, the system may switch to the microphone that provides the highest aural clarity, or to the microphone that is in the closest proximity to a person or object generating the sound.

The DUI 120 may include a location display 138 that provides the location of the robot face. The CHANGE button 140 can be selected to change the default robot face in a new session. The CHANGE button 140 can be used to select and control a different robot face in a system that has multiple robot faces. The user can initiate and terminate a session by selecting box 142. The box 142 changes from CONNECT to DISCONNECT when the user selects the box to initiate a session. System settings and support can be selected through buttons 144 and 146.

Both the robot view field 122 and the station view field 124 may have associated graphics to vary the video and audio displays. Each field may have an associated graphical audio slide bar 148 to vary the audio level of a selected microphone and another slide bar 152 to vary the volume of the speakers.

The DUI 120 may have slide bars 150, 154 and 156 to vary the zoom, focus and brightness of a selected camera, respectively. A still picture may be taken at either the robot face or remote station by selecting one of the graphical camera icons 158. The still picture may be the image presented at the corresponding field 122 or 124 at the time the camera icon 158 is selected. Capturing and playing back video can be taken through graphical icons 160. A return to real time video can be resumed, after the taking of a still picture, captured video, or reviewing a slide show, by selecting a graphical LIVE button 162.

A still picture can be loaded from disk for viewing through selection of icon 164. Stored still images can be reviewed by selecting buttons 166. The number of the image displayed relative to the total number of images is shown by graphical boxes 168. The user can rapidly move through the still images in a slide show fashion or move through a captured video clip by moving the slide bar 170. A captured video image can be paused through the selection of circle 174. Play can be resumed through the same button 174. Video or still images may be dismissed from the active list through button 172. Video or still images may be transferred to the robot by selecting icon 176. For example, a doctor at the remote station may transfer an x-ray to the screen of the robot.

The system may provide the ability to annotate 184 the image displayed in field 122 and/or 124. For example, a doctor at the remote station may annotate some portion of the image captured by the robot face camera. The annotated image may be stored by the system. The system may also allow for annotation of images sent to the robot face through icon 176. For example, a doctor may send an x-ray to the robot face which is displayed by the robot screen. The doctor can annotate the x-ray to point out a portion of the x-ray to personnel located at the robot site. This can assist in allowing the doctor to instruct personnel at the robot site.

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The display user interface may include graphical inputs 186 that allow the operator to turn the views of the remote station and remote cameras on and off.

Referring to FIG. 1, the cart 12 can be used in an operating room. By way of example, the boom 60 can be moved to place the overhead camera 18 above an operating table 200. The overhead camera 18 may be located above a sterile field. The robot face 16 may be placed adjacent to the sterile field. With such a configuration, personnel may conduct two-way video conferencing through the robot face 16. The overhead camera 18 may provide a more desirable view of the patient and operating procedure. This would allow a physician at the remote station to view the procedure and have a video conference to provide instructions, mentoring, etc. to personnel at the surgical site.

While certain exemplary embodiments have been described and shown in the accompanying drawings, it is to be understood that such embodiments are merely illustrative of and not restrictive on the broad invention, and that this invention not be limited to the specific constructions and arrangements shown and described, since various other modifications may occur to those ordinarily skilled in the art.

What is claimed is:

1. A tele-presence system, comprising:

a cart, said cart includes a robot face that has a robot monitor, a robot camera, a robot speaker, a robot microphone, and an overhead camera distinct from said robot camera; and,

a remote station that is coupled to said robot face and said overhead camera, said remote station includes a station monitor, a station camera, a station speaker and a station microphone, wherein at least one of said robot camera and said overhead camera can be controlled from the remote station.

2. The system of claim 1, wherein said remote station can display a video image from either said robot camera or said overhead camera.

3. The system of claim 1, wherein said remote station monitor simultaneously displays a video image from said robot camera and a video image from said overhead camera.

4. The system of claim 1, wherein said remote station determines an optimal view of an object and displays a video image from said robot camera or said overhead camera, whichever provides said optimal view.

5. The system of claim 1, wherein said robot camera automatically moves to capture a video image of a field of view that is at least substantially the same as a field of view of said overhead camera.

6. The system of claim 1, wherein said overhead camera automatically moves to capture a video image of a field of view that is at least substantially the same as a field of view of said robot camera.

7. The system of claim 1, wherein said cart includes an overhead microphone.

8. The system of claim 7, wherein said remote station includes an input that allows a user to switch between said robot microphone and said overhead microphone.

9. The system of claim 7, wherein said sound generated by said station speakers is automatically switched between said robot microphone or said overhead microphone based on a characteristic of sound captured by said robot and overhead microphones.

10. The system of claim 1, wherein said cart includes an actuator that can vary a height of said robot face.

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11. The system of claim 1, wherein said cart includes an articulated arm that is coupled to and can move said robot face, and a boom that is coupled to said overhead camera.

12. The system of claim 11, wherein said robot face includes an input panel and can be operated as a computer.

13. The system of claim 11, wherein said articulated arm and said boom include position sensors.

14. The system of claim 11, wherein further comprising a laser pointer attached to said boom.

15. The system of claim 11, wherein said cart boom includes a detachable handle.

16. A method for remotely viewing a field of view, comprising:

moving a cart, the cart includes a robot face that has a robot monitor, a robot camera, a robot speaker, a robot microphone, and an overhead camera distinct from said robot camera;

transmitting to a remote station a video image captured by the robot camera or a video image captured by the overhead camera, the remote station includes a station monitor, a station camera, a station speaker and a station microphone; and,

controlling at least one of said robot camera and said overhead camera in response to a command received from the remote station.

25 17. The method of claim 16, wherein the video images captured by the robot and overhead cameras are both transmitted to the remote station.

18. The method of claim 17, wherein the remote station monitor simultaneously displays the video image from the robot camera and the video image from the overhead camera.

30 19. The method of claim 16, wherein the remote station determines an optimal view of an object and displays a video image from robot camera or the overhead camera, whichever provides the optimal view.

35 20. The method of claim 16, further comprising automatically moving the robot camera to capture a video image of a field of view that is at least substantially the same as a field of view of the overhead camera.

21. The method of claim 16, further comprising automatically moving the overhead camera to capture a video image of a field of view that is at least substantially the same as a field of view of the robot camera.

40 22. The method of claim 16, further comprising capturing sound with an overhead microphone of the cart.

45 23. The method of claim 22, further comprising selecting an input to switch between the robot microphone and the overhead microphone.

24. The method of claim 22, further comprising automatically switching between the robot microphone and the overhead microphone based on a characteristic of the sound captured by the robot and overhead microphones.

50 25. The method of claim 16, further comprising varying a height of the robot face.

26. The method of claim 25, wherein the robot face is moved in two degrees of freedom.

55 27. The method of claim 16, wherein the cart is moved within an operating room.

28. The method of claim 27, further comprising moving the overhead camera above a sterile field.

60 29. The method of claim 16, further comprising entering input into the robot face.

30. The method of claim 16, further comprising replacing a detachable handle of the cart.

\* \* \* \* \*

# Exhibit H



US010483007B2

(12) **United States Patent**  
**Celmins et al.**

(10) **Patent No.:** US 10,483,007 B2  
(45) **Date of Patent:** Nov. 19, 2019

(54) **MODULAR TELEHEALTH CART WITH THERMAL IMAGING AND TOUCH SCREEN USER INTERFACE**

(71) Applicant: **INTOUCH TECHNOLOGIES, INC.**, Goleta, CA (US)

(72) Inventors: **John Celmins**, Santa Barbara, CA (US); **Gary Douville**, Santa Barbara, CA (US); **Daniel Sanchez**, Summerland, CA (US); **Marco Pinter**, Santa Barbara, CA (US); **Charles S. Jordan**, Santa Barbara, CA (US); **Yulun Wang**, Goleta, CA (US)

(73) Assignee: **INTOUCH TECHNOLOGIES, INC.**, Goleta, CA (US)

(\*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 0 days.

(21) Appl. No.: **16/045,600**

(22) Filed: **Jul. 25, 2018**

(65) **Prior Publication Data**

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**Related U.S. Application Data**

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<b>G16H 80/00</b>	(2018.01)
<b>H04N 5/44</b>	(2011.01)
<b>H04N 5/247</b>	(2006.01)
<b>H04N 5/225</b>	(2006.01)
<b>H04N 5/232</b>	(2006.01)

(Continued)

(52) **U.S. Cl.**  
CPC ..... **G16H 80/00** (2018.01); **H04N 5/2251** (2013.01); **H04N 5/2257** (2013.01); **H04N 5/2258** (2013.01); **H04N 5/23206** (2013.01); **H04N 5/23216** (2013.01); **H04N 5/23296** (2013.01); **H04N 5/23299** (2018.08); **H04N 5/232061** (2018.08); **H04N 5/247** (2013.01); **H04N 5/4403** (2013.01); **H04N 7/142** (2013.01); **H04N 7/147** (2013.01); **H04N 7/15** (2013.01); **G06F 3/0482** (2013.01); **H04N 2005/4408** (2013.01); **H04N 2005/4408** (2013.01)

(58) **Field of Classification Search**  
CPC ..... G16H 80/00; H04N 5/44; H04N 5/247; H04N 5/225; H04N 5/232; H04N 7/14; H04N 7/15  
USPC ..... 348/14.01–14.16; 434/262  
See application file for complete search history.

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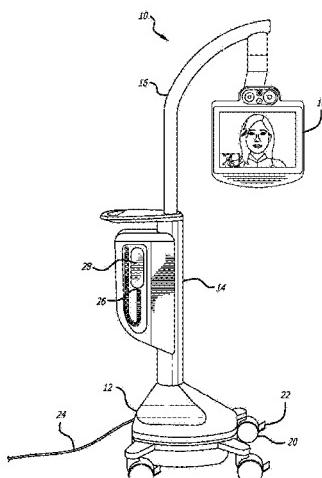
*Primary Examiner* — Melur Ramakrishnaiah

(74) *Attorney, Agent, or Firm* — Christopher Lambrecht

**ABSTRACT**

A telemedicine system including a cart that allows for two-way audio/video conferencing between patients or local care providers and remote care providers or family members. The cart employs a modular design that allows its capabilities to be expanded to meet the needs of particular telemedicine applications. In addition, the cart provides thermal imaging and a user interface that allows local care providers to access various capabilities of the device while the device is not in session with a remote party.

**20 Claims, 9 Drawing Sheets**



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*H04N 7/14* (2006.01)  
*G06F 3/0482* (2013.01)

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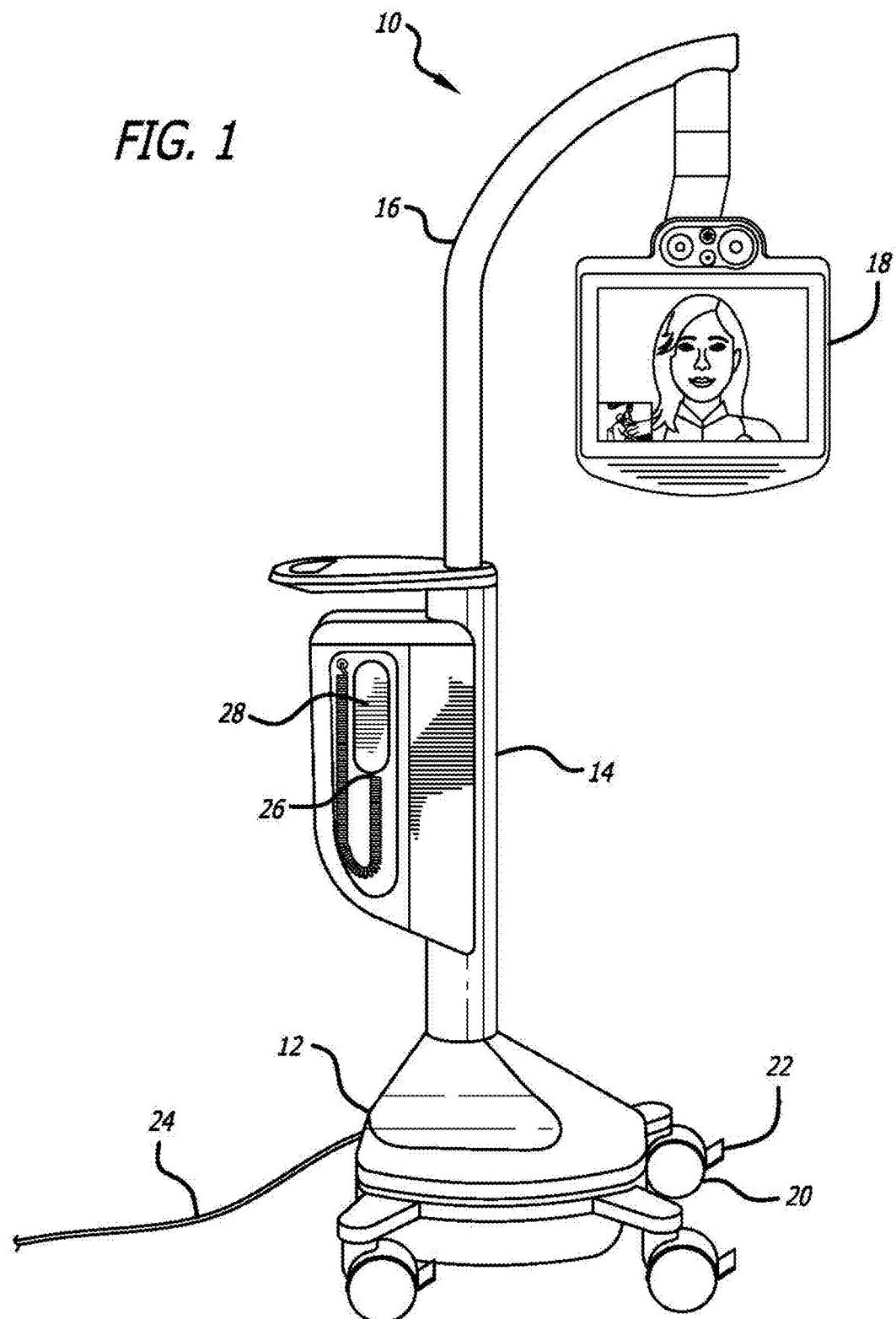
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*FIG. 1*



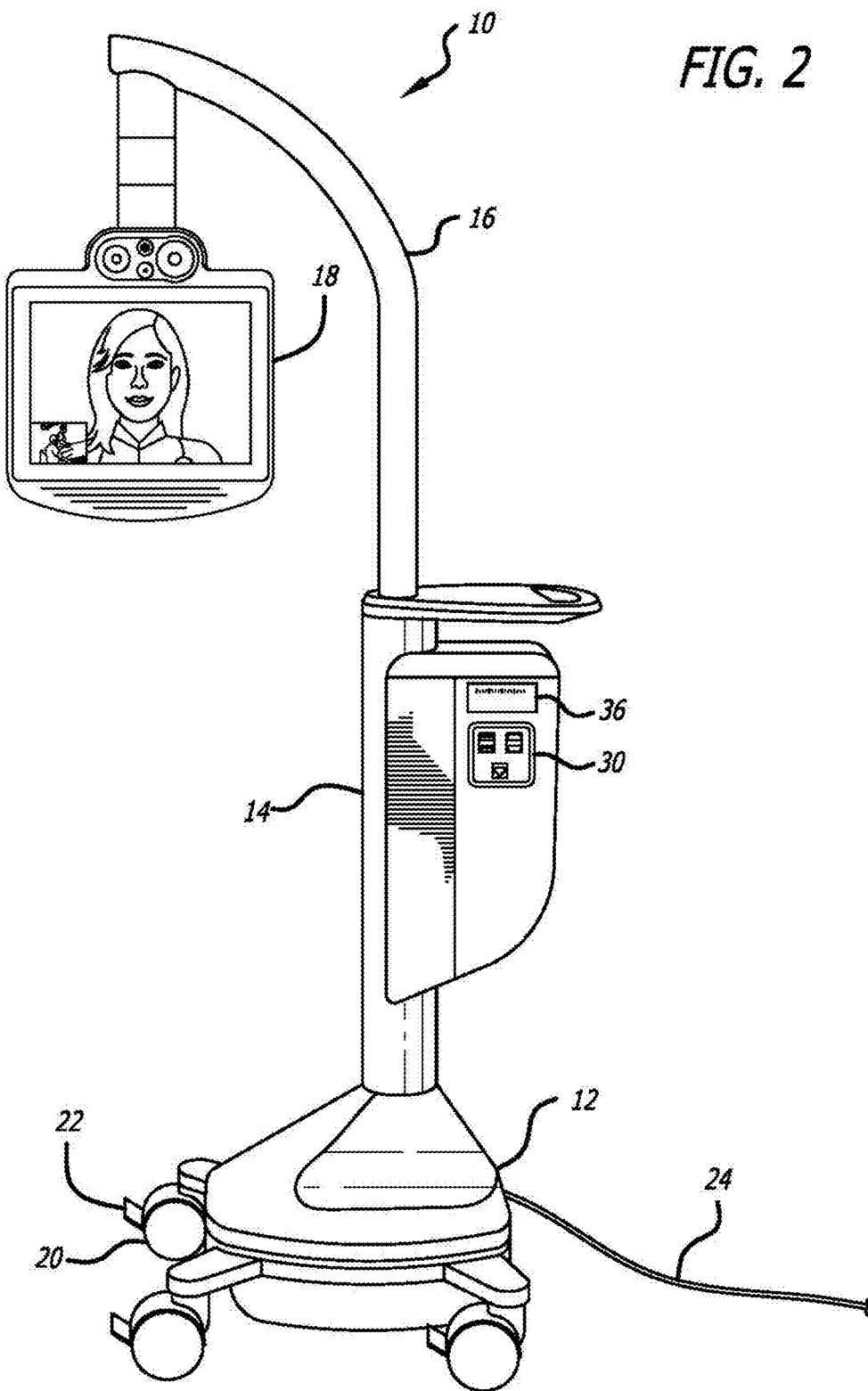
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*FIG. 2*



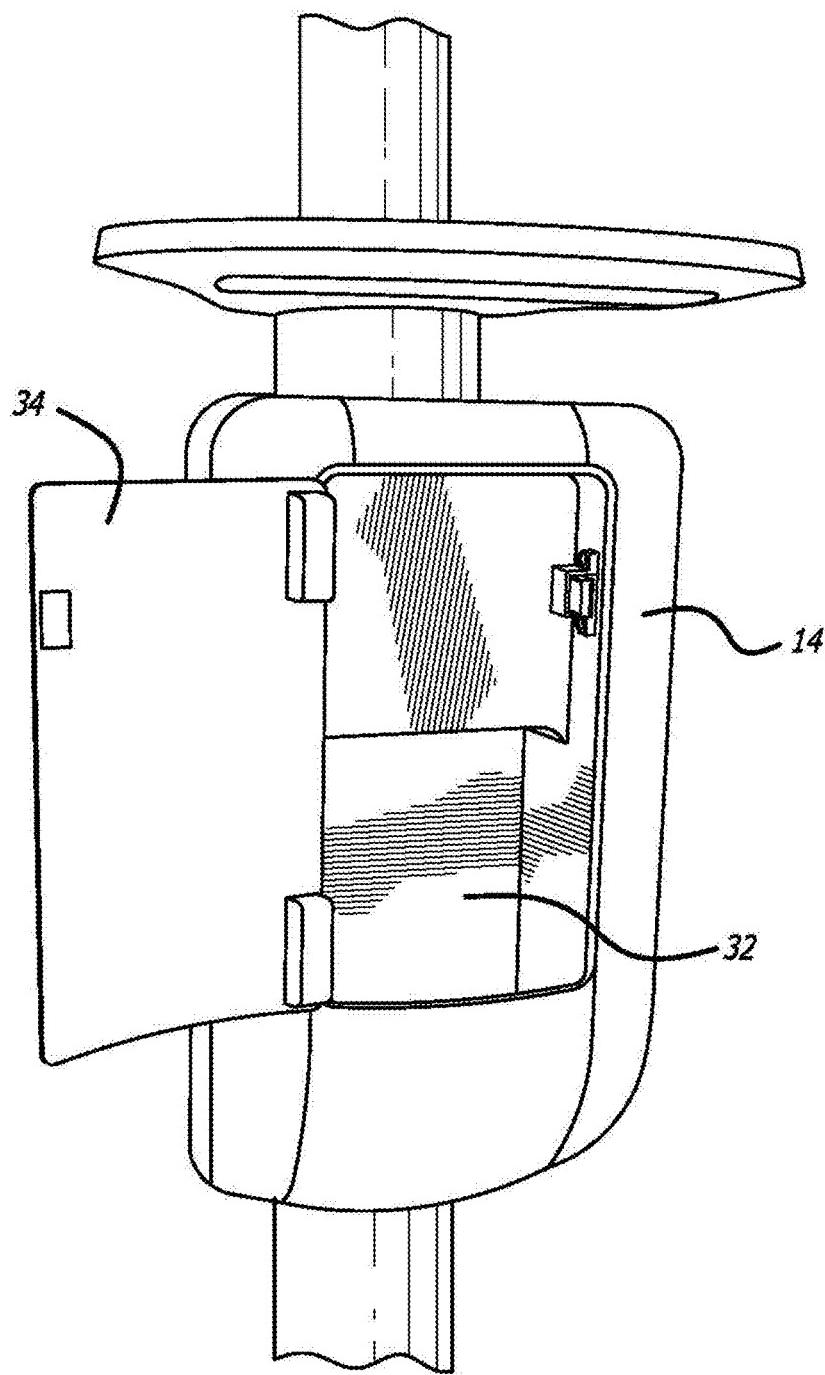
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*FIG. 3*



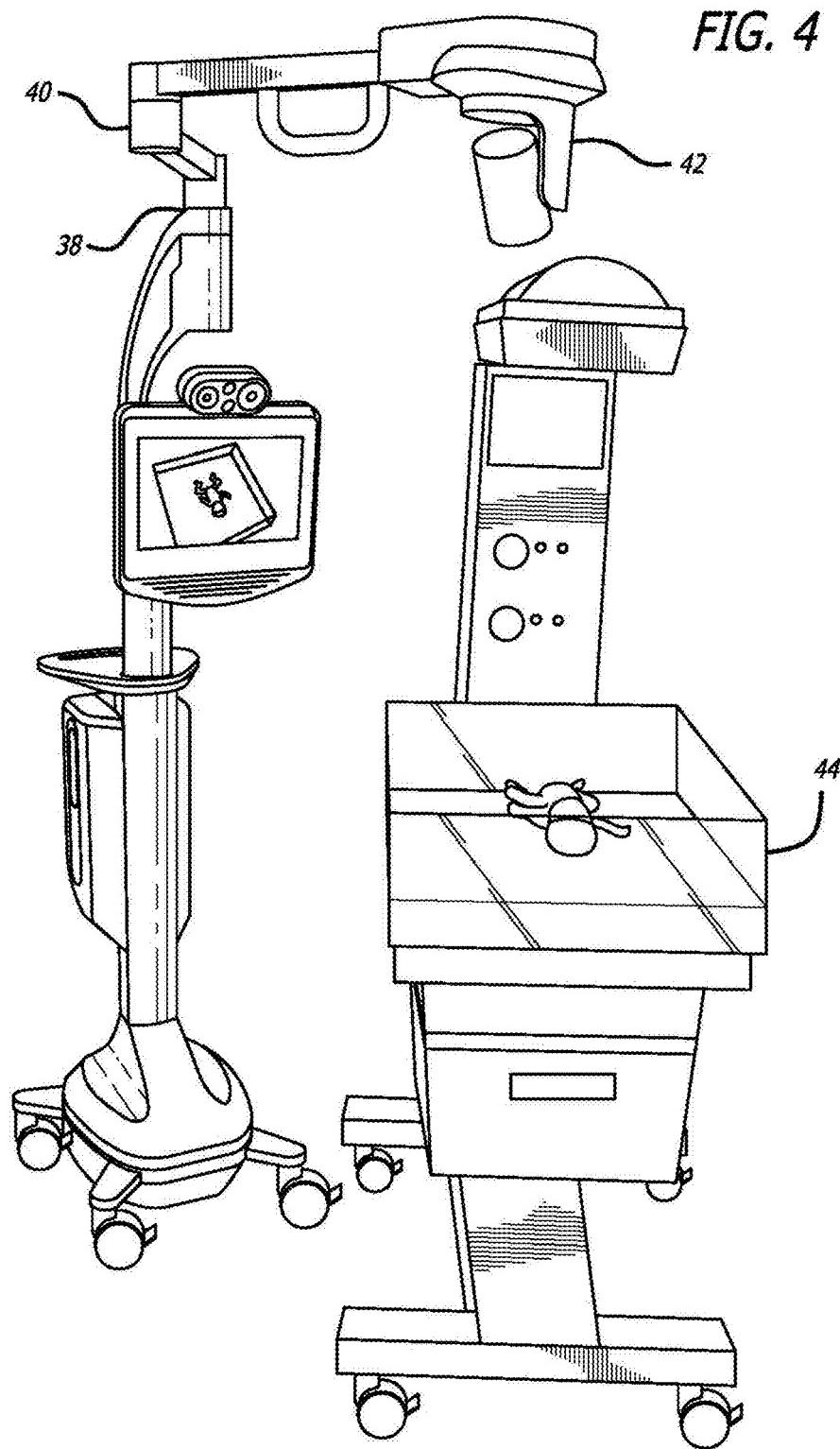
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*FIG. 4*



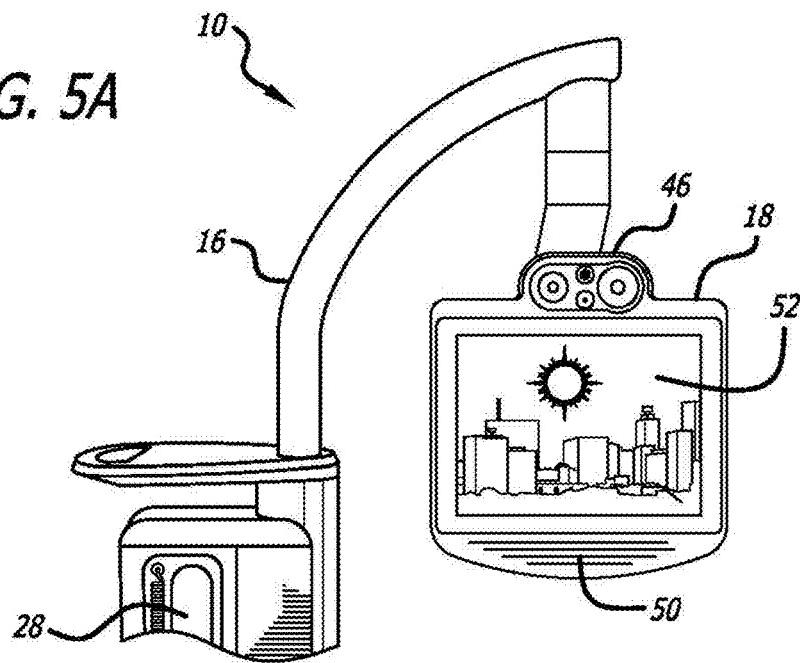
U.S. Patent

Nov. 19, 2019

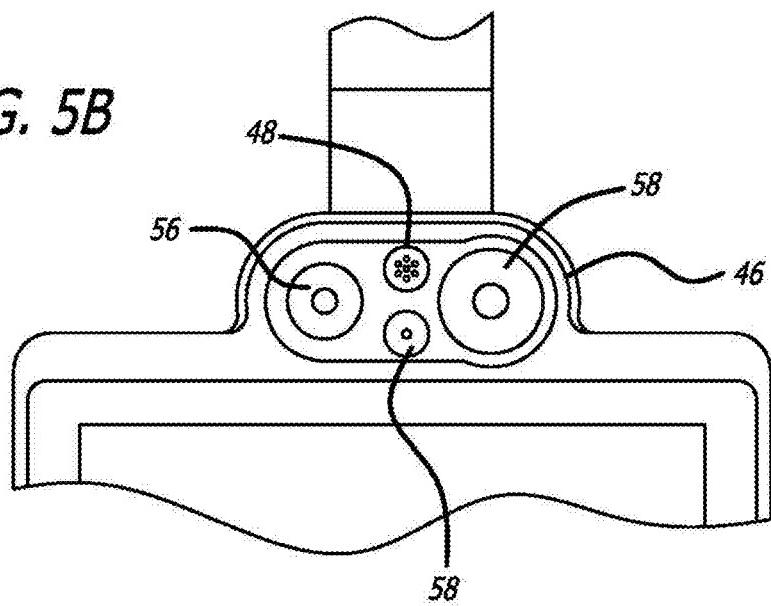
Sheet 5 of 9

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*FIG. 5A*



*FIG. 5B*



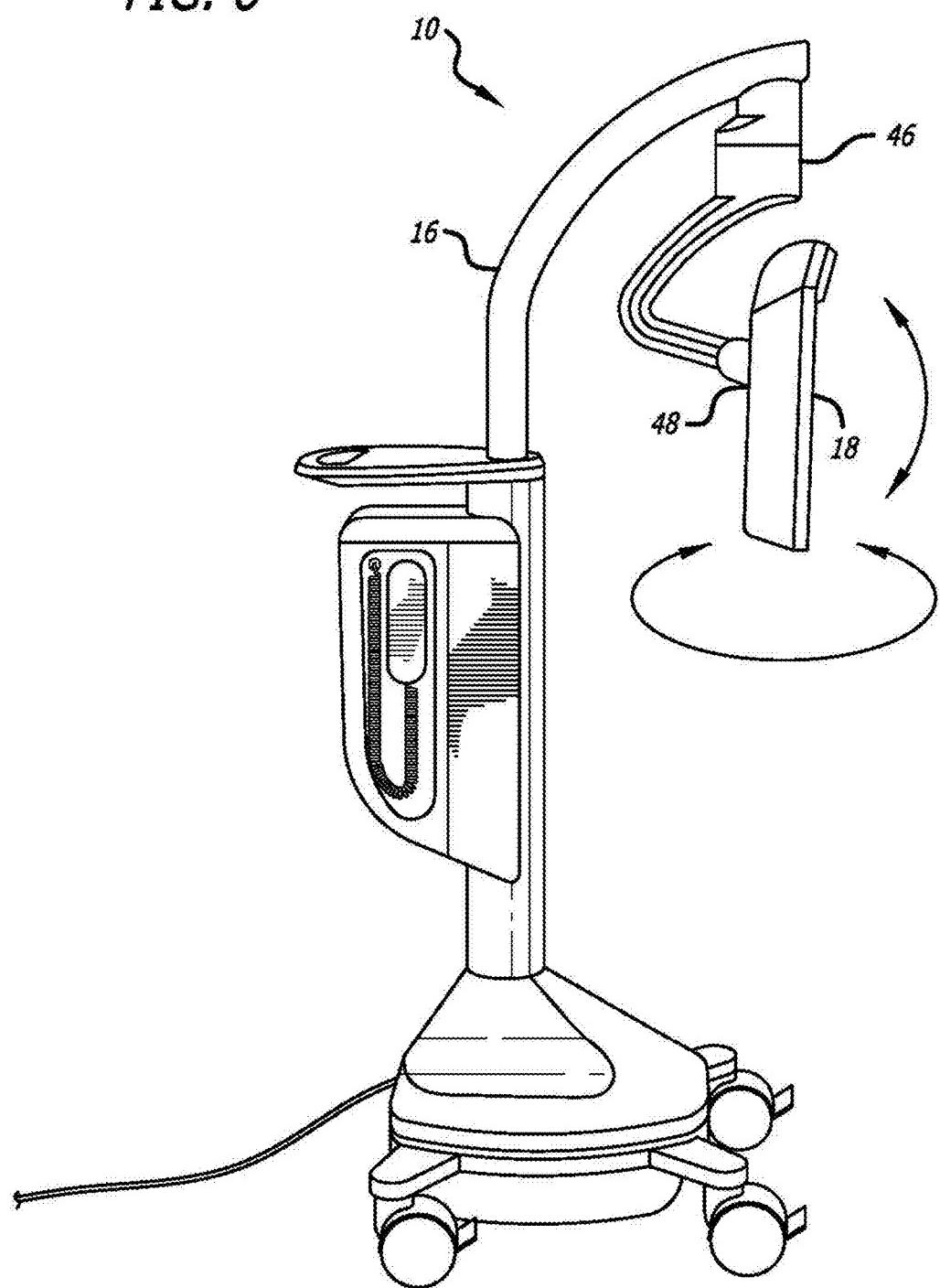
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*FIG. 6*



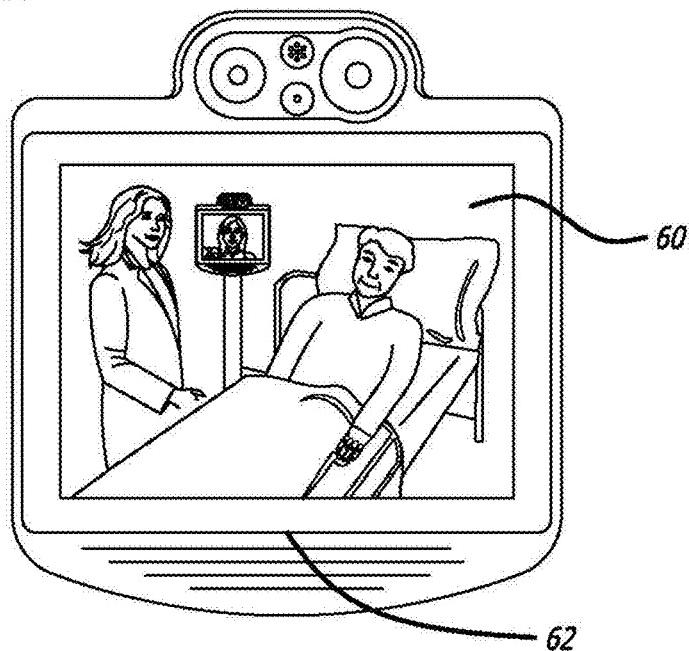
U.S. Patent

Nov. 19, 2019

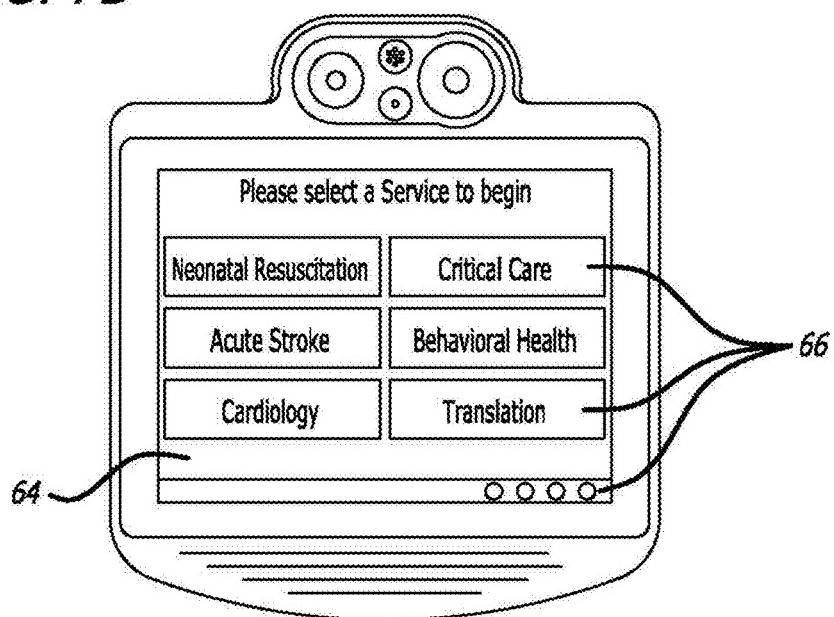
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*FIG. 7A*



*FIG. 7B*



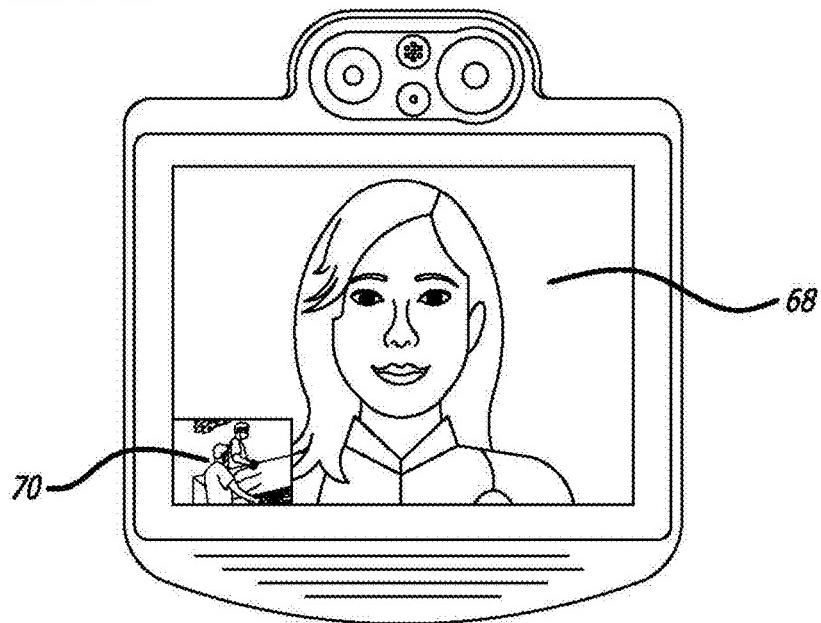
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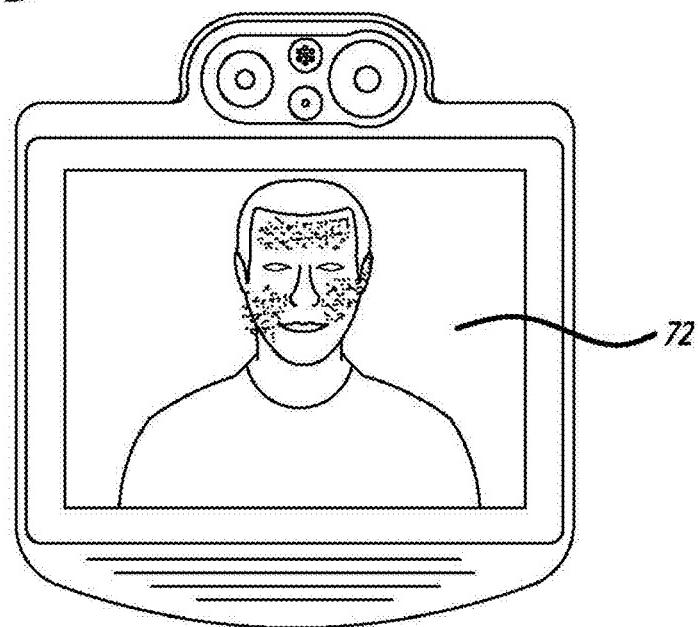
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*FIG. 7C*



*FIG. 7D*



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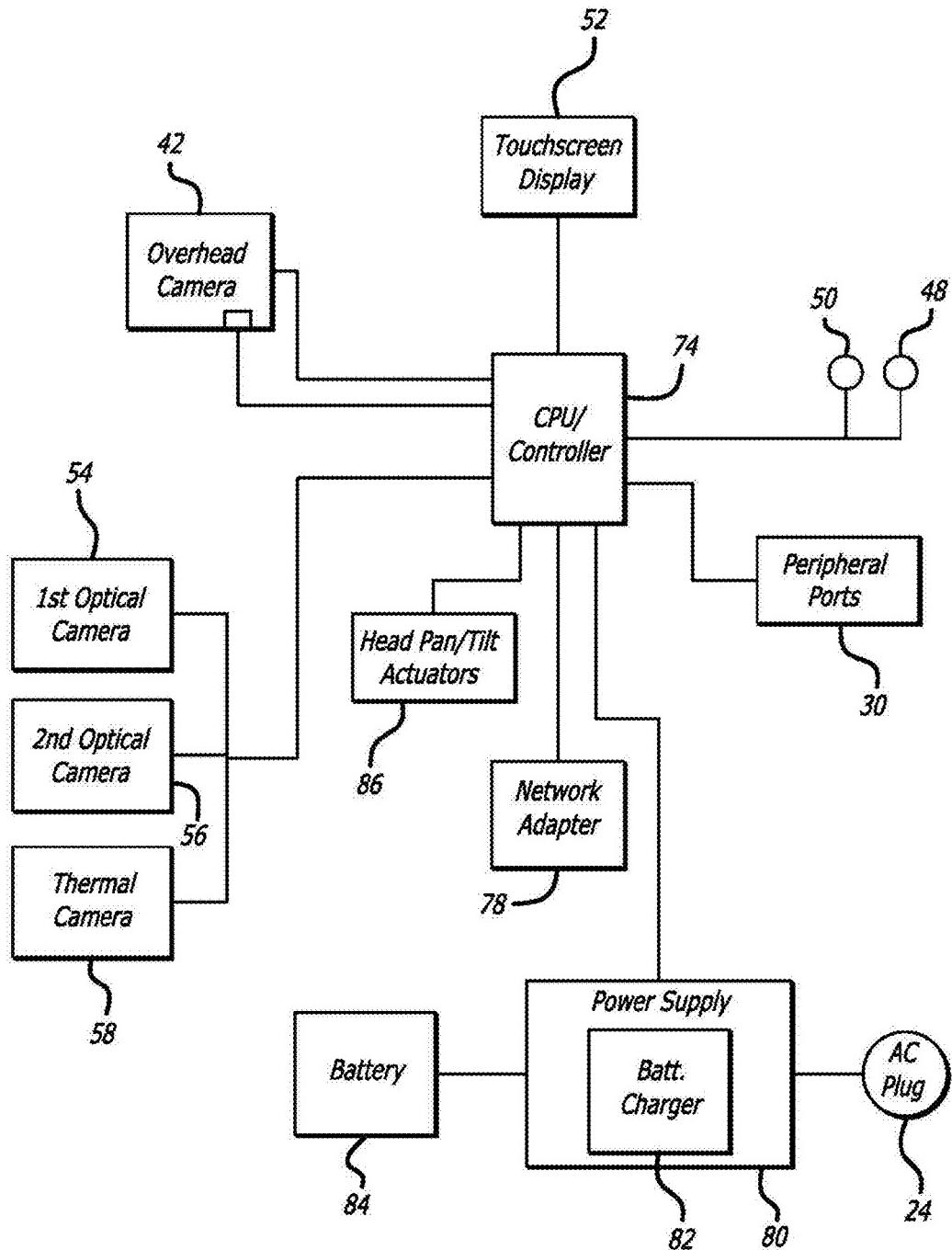


FIG. 8

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**1**

**MODULAR TELEHEALTH CART WITH  
THERMAL IMAGING AND TOUCH SCREEN  
USER INTERFACE**

**CROSS-REFERENCE TO RELATED  
APPLICATIONS**

This application claims priority to U.S. Application No. 62/536,907, filed Jul. 25, 2017, the contents of which are hereby incorporated by reference.

**BACKGROUND**

Telemedicine, also referred to as telehealth, generally refers to the use of technology to enable physicians or other healthcare providers to examine and treat or recommend treatment for a remotely located patient. Although telemedicine can be practiced using technology as simple as a telephone, the telemedicine solution market today includes devices and software having a wide range of sophistication. Examples of telemedicine devices include the INTOUCH XPRESS, INTOUCH VICI, INTOUCH VANTAGE, INTOUCH LITE, and INTOUCH VITA, all marketed by INTOUCH TECHNOLOGIES, INC., of Goleta, Calif.

The range of solutions generally intends to satisfy the functional and economic requirements of telemedicine encounters in different types of settings with varying levels of acuity. For example, smartphones, tablets, or laptop computers with basic audiovisual capabilities may be sufficient for a patient to consult with their doctor on treating a cold or behavioral health issues. These types of devices, however, may be insufficient in a higher acuity setting such as a hospital emergency department, intensive care unit, or specialty clinic, where the remote physician may require more capable video or imaging devices and/or the ability to monitor data from peripheral medical devices in real time. Other settings where telemedicine is practiced may present other unique requirements.

Thus, the telemedicine solution market is replete with disparate devices and software solutions that seek to satisfy the varied requirements of many different telehealth encounter settings. In addition, while many of these devices offer great value in terms of their ability to provide real-time audio/video consultation between remote parties, few of these devices provide any value to local care providers when not being used in a session with a remote care provider.

**SUMMARY**

It would be desirable to provide a telemedicine device with broader economic suitability by employing a modular design that allows the device's functionality to be expanded for applications that demand it. For example, it would be beneficial to include an integrated overhead boom camera for neonatal intensive care applications or any application involving a sterile field. Further, it would be beneficial to include an integrated peripheral expansion bay and/or thermal camera for certain care applications.

In addition, it would be desirable to provide a telemedicine device that includes features and/or services that can be utilized by local care providers even when a remote care provider is not logged in to the device. For example, it would be valuable to allow local care providers to request a remote consultation from the device itself. The request for consultation could be for a medical consultation with a remote physician, a family member consultation with a member of the patient's family, or a language translation service in

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situations where the patient and/or members of the care team do not speak a common language. It would also be valuable to allow local care providers to control any cameras installed on the device and monitor video from these cameras on a display of the telemedicine device when the device is not in session with a remote care provider.

To achieve these ends, one aspect of the disclosure includes a telemedicine system comprising a cart that supports a controller coupled to a camera system, a touchscreen display, a microphone, a speaker, and a network. The controller is configured to display a user interface on the touchscreen display in response to a user input received via the touchscreen display. The user interface includes at least a first selectable option that causes video captured by the camera system to be displayed on the touchscreen display and a second option to transmit a request for consultation via the network. The telemedicine system also includes a remote device coupled to the controller via the network. The remote device includes a camera, a display, a microphone, and a speaker. The remote device is configured to establish a communication session with the controller. During the communication session, the controller causes the touchscreen display to display video captured by the camera of the remote device.

**BRIEF SUMMARY OF THE DRAWINGS**

FIG. 1 illustrates a view of a telemedicine cart in accordance with the disclosure.

FIG. 2 illustrates a second view of a telemedicine cart in accordance with the disclosure.

FIG. 3 illustrates a rear view of a telemedicine cart in accordance with the disclosure.

FIG. 4 illustrates an example of a telemedicine cart with an overhead boom camera installed in accordance with the disclosure.

FIG. 5 illustrates a detailed view of the head of a telemedicine cart in accordance with the disclosure.

FIG. 6 illustrates another view of a telemedicine cart in accordance with the disclosure.

FIGS. 7A-D illustrate various screens of a user interface of a telemedicine cart in accordance with the disclosure.

FIG. 8 is a block diagram of electronic components of a telemedicine cart in accordance with the disclosure.

**DETAILED DESCRIPTION**

The following disclosure includes a telemedicine system including a cart that allows for two-way audio/video conferencing between patients or local care providers and remote care providers or family members. The cart employs a modular design that allows its capabilities to be expanded to meet the needs of particular telemedicine applications. In addition, the cart provides a number of features to local care providers that can be accessed while the device is not in session with a remote party.

FIGS. 1-2 illustrate several views of an example of a telemedicine cart 10 in accordance with the disclosure. The cart 10 includes a base 12, a trunk 14, a neck 16, and a head 18. The base 12 may include casters 20 that allow the cart 10 to be wheeled around a healthcare facility. The casters 20 may include wheel locks 22 for locking the wheels and immobilizing the cart 10 in its desired location. The base 12 may house one or more batteries (not shown) that power the various electrical and electronic components of the cart. The base may also house a battery charger coupled to a power

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supply that includes an AC power cord 24 that can be plugged into a wall socket to energize the power supply.

The trunk may include a receptacle 26 for a privacy handset 28 that allows a person in the vicinity of the cart 10 to communicate privately with a remote user logged into the device. As shown in FIG. 2, the trunk 14 may also include a peripheral expansion bay 30 that includes one or more communication ports, including USB ports, HDMI ports, ETHERNET ports, etc. The trunk 14 may also include a status indicator panel 36 that displays the status of various elements of the cart. For example, the status indicator panel 36 may display current battery life or charge level and wireless network strength. As shown in FIG. 3, the rear of the trunk may also include a storage bin 32 with a door 34 that can be shut and latched. The storage bin 32 may be used to stow medical peripherals when not use. Examples of medical peripherals include stethoscopes, otoscopes, dermal cameras, etc.

The neck 16 extends up from the trunk 14 along a track (not shown) that runs vertically up the trunk. The neck 16 may be moved up or down along the track to shrink or elongate the neck 16 and vary the height of the head 18. The track may employ friction elements, latches, springs, and/or counter weights (not shown) to achieve smooth movement of the neck 16 along the track and ensure that the neck 16 and head 18 remain at the desired height when not being raised or lowered. The variable length of the neck 16 may allow the height of the head 18 to be varied from approximately four feet above the floor to six feet above the floor. The top of the neck 16 may include a mount point 38 adapted to receive one end of an articulating boom 40 that supports an additional, overhead pan-tilt-zoom (PTZ) camera 42, as shown in FIG. 4. This configuration is beneficial in, e.g., a neonatal intensive care environment in which local care providers will often surround an infant bed 44 and the overhead camera 42 is crucial for the remote care provider to view the infant. This configuration is also beneficial in any environment in which there is a sterile field that precludes moving the cart 10 within a certain distance of the patient without requiring subsequent sterilization, as is the case for many surgical procedures.

FIGS. 5A-B show an example of the head 18 of a cart in accordance with the disclosure. The head 18 includes a camera system 46, one or more microphones 48, one or more speakers 50, and a touchscreen display 52 all coupled to a controller (not shown), which may be located in the head, the base, or any other suitable location in the cart. The camera system 46 may include a first optical camera 54 having a wide field of view or viewing angle and a second optical camera 56 having a narrow field of view with a higher zoom factor than the first optical camera 54. The controller may stream video from both optical cameras 54, 56 over the network to the remote device for display simultaneously, or the controller may switch the video stream being sent to the remote device between the first optical camera 54 and the second optical camera 56 depending on the zoom factor or field of view requested by the user of the remote device. Further details of a multi-camera teleconferencing system are discussed in U.S. Pat. No. 9,198,728, filed Sep. 30, 2005, entitled "Multi-Camera Mobile Teleconferencing Platform", the contents of which are hereby incorporated by reference.

The camera system may also include a thermal camera 58. An example of a suitable thermal camera is the BOSON 320 Camera Core manufactured by FLIR. The thermal camera may aid a physician or care provider in diagnosing a variety of conditions that may be invisible to the eye or optical

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cameras 54, 56 but result in irregular or otherwise unusual heat patterns on the patient's body. For example, irregular heat patterns such as "hot spots" on the patient's body may be indicative of localized trauma, infection, or irritation. Other patterns such as asymmetric blood flow in the limbs or the face may be indicative of ischemic stroke or other conditions that result in irregularities in the patient's blood flow. In addition to spatial anomalies in the patient's body heat, the thermal camera 58 may allow a care provider to detect temporal irregularities in the patient's temperature by analyzing temperature trends in images from the thermal camera 58 taken over time. The system may also be configured to use computer vision techniques to analyze the images captured by the thermal camera 58 and automatically detect spatial and temporal temperature irregularities discussed above. Further details of the use of thermal imaging devices in medical and telemedicine applications can be found in U.S. patent application Ser. No. 13/111,208, filed May 19, 2011, entitled "Mobile Videoconferencing Robot System with Autonomy and Image Analysis", and U.S. application Ser. No. 14/091,292, filed Feb. 13, 2014, entitled "Enhanced Diagnostics for a Telepresence Robot", the contents of which are hereby incorporated by reference.

In addition, a user interface for the thermal camera 58 such as that discussed in U.S. Appl. No. 62/536,907, the contents of which are incorporated by reference, may be available either on the touchscreen display as well as at a remote device logged into the cart. This interface makes available certain features such as temperature and color thresholding and measuring a point-to-point temperature differential on the patient's body using cursors positioned by the user on the thermal image displayed in the interface.

Although their viewing angles and zoom factors may be different, the various cameras 54, 56, 58 of the camera system in the head 18 of the cart are closely positioned and similarly oriented so as to allow switching between their respective streams while maintaining a similar perspective of the environment. For example, each of the cameras may face the same direction and be positioned less than three inches apart.

As shown in FIG. 6, the head 18 may be coupled to the neck 16 via a pan joint 46 and a tilt joint 48 that allow the head 18 to be panned and/or tilted relative to the neck 16. The joints 46, 48 may include motorized actuators that allow the pan and/or tilt angles of the head 18 to be controlled remotely or via a control interface on the cart 10. The panning and tilting head 18 allows the remote user to reorient the camera system 46 to look around the environment surrounding the cart 10. The touchscreen display 52 may pan and tilt with the camera system 46 and always face the same general direction in which the camera system 46 faces. This creates the impression that the remote user is in the vicinity of the cart 10. The pan and tilt actuators between the neck 16 and the head 18 are also designed so as to allow the pan and tilt angle of the head 18 to be manually adjusted a user in the vicinity of the cart 10 by tilting or rotating the head 18 by hand.

FIG. 7A illustrates an example of a screen saver 60 that may be displayed as part of a user interface 62 on the touchscreen display 52 of the cart 10 when the system is idle. Touching the touchscreen 52 or otherwise interacting with the cart may cause the user interface 62 to transition the touchscreen display 52 from the screen saver 60 depicted in FIG. 7A to the menu 64 shown in FIG. 7B.

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The menu illustrated in FIG. 7B may include a number of selectable options 66 including requesting a consultation with a remote physician or care provider. The menu 64 may display one or more different types of consultations, which may result in the request for consultation being sent to a specific care provider. Alternatively, any request for consult may simply sent to a general care coordination center with the requested type of consultation included in the request. Personnel at the care coordination center may then forward the request to the appropriate care provider. The various consultation types illustrated in FIG. 7B include neonatal resuscitation, critical care, acute stroke, behavioral health, and cardiologist. Those skilled in the art will recognize that many other types of consultations may be available for request.

Another selectable option 66 from the menu screen shown in 6B is “translation.” When the user selects this option, the system may transmit a request for consult to a multi-lingual translator who can then log into the cart from their remote device and translate among parties who do not speak a common language. Upon selecting the translation option, the system may present another menu of specific language translation options (e.g., “Spanish”, “French”, etc.) that can be chosen to identify an appropriate translator. Alternatively, selecting the language translation option may send a request for a translator to personnel who may then locate an appropriate translator. The language translation service mode may include an option to mute video from any camera on the cart for privacy reasons.

The menu in FIG. 7B may also include a “friends and family” option that allows a user in proximity of the device to request a consultation with a member of the patient’s family or friend group. When this option is selected, the touchscreen display may prompt the user for a telephone number, email address, or other communication address. The user may enter the requested information using alphanumeric keys displayed on the touchscreen, voice recognition, external keyboard, or other means. Once the requested information has been supplied, the controller may then transmit a message, e.g., a text message or email, to the provided address. The message may include a universal resource locator or other link that can be selected to launch a specific application on the recipients device that can connect to and establish a communication session with the cart via the internet. Alternatively, the link may simply direct a web browser on the recipients device to a web portal that allows the remote user’s device to connect to and establish a communication session with the cart.

Once connected, or “in session,” the cart may display video received from a camera of the remote user’s device on the touchscreen display. In many cases, this video 68 will include the face of the remote user, as illustrated in FIG. 7C. In addition, video from the cart’s camera system (or overhead camera) will be streamed to and displayed on a display of the remote user’s device. This video may also be displayed on the touchscreen display of the cart in a picture-in-picture window 72. The cart microphone and speaker will be coupled to the speaker and microphone of the remote user’s device so that people in the vicinity of the cart and the remote user(s) can hear each other.

By interacting with user interface of the application on the remote device, the remote user can control the pan, tilt, and zoom of the camera system to look around the cart’s environment. The remote user can also select to display video from any combination of the optical camera(s), the thermal camera, and the overhead camera. The user interface on the remote device may include a multi-view function that

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allows the user to simultaneously stream and view video from any two or more of the cameras coupled to the cart, including any imaging devices that may be connected to the cart’s expansion bay, such as an otoscope or sonogram device. By way of example, the user may train the camera system to view the patients leg with the optical camera and simultaneously display video from the thermal camera to assist in identifying an irregular heat pattern on the patient’s leg. Further details of an exemplary user interface for a remote device in telemedicine system can be found in U.S. application Ser. No. 10/962,829, filed Oct. 11, 2004, entitled “Graphical interface for a remote presence system”, U.S. Pat. No. 9,361,021, filed Nov. 21, 2014, entitled “Graphical User Interfaces Including Touchpad Driving for Telemedicine Devices”, and U.S. Pat. No. 9,098,611, filed Mar. 14, 2013, entitled “Enhanced Video Interaction for a User Interface of a Telepresence Network”, the contents of which are hereby incorporated by reference.

Another selectable option 66 available from the menu screen in FIG. 7B may be to display video from any imaging devices connected to the cart, including the optical camera(s), thermal camera, overhead camera, or any imaging devices connected to the expansion bay. For example, FIG. 7D illustrates an example of the touchscreen interface displaying a thermal video image 72 captured by the thermal camera on the cart. Even though the cart is not in session with a remote care provider, a local care provider may wish to view the patient’s body using the thermal camera. In this case, the user may simply select, from the menu on the touchscreen display, to display the video from the thermal camera on the touchscreen display. The video from the thermal camera may then be displayed on the touchscreen and the user can adjust the height, pan, and/or tilt of the head to train the thermal camera on the desired part of the patient’s body. The system may also allow the user to change the zoom factor of the displayed video using “pinch” or “spread” gestures on the touchscreen, or manipulating buttons or slider bars displayed on the touchscreen.

If the cart is configured with an the overhead boom camera, the touchscreen interface may also allow the user to display video from the overhead camera on the touchscreen interface and allow the user to adjust the pan, tilt, and zoom of the overhead camera. This is especially useful when the user is positioning the cart and adjusting the boom height in preparation for a consultation with a remote care provider who will utilize the overhead camera to view a sterile field or infant bed.

The menu displayed in FIG. 7B may also include an option for a local care provider to open or launch a clinical protocol, workflow, or otherwise open and edit a medical form or record using the touchscreen interface. For example, when a patient arrives for a telehealth consultation with a remote physician, a nurse or medical assistant may open a medical record for the patient using the touchscreen interface and begin documenting the encounter, including entering the patient’s current vital signs into the record before the remote physician is notified that the patient is ready to begin the consultation. In another embodiment, if a patient arrives in an emergency department showing signs of a stroke, a nurse or doctor may launch a stroke consult form or workflow using the touchscreen interface and begin documenting the encounter and proceeding through the various steps prescribed in the medical facility’s stroke protocol. Further details regarding editing patient records and documenting clinical encounters during a telemedicine encounter can be found in U.S. patent application Ser. No. 10/936,041, filed Sep. 7, 2004, entitled “Tele-presence system that allows for

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remote monitoring/observation and review of a patient and their medical records”, U.S. Pat. No. 8,179,418, filed Apr. 14, 2008, entitled “A Robotic Based Health Care System”, U.S. Pat. No. 8,849,680, filed Jan. 29, 2009, entitled “Documentation Through A Remote Presence Robot”, and U.S. application Ser. No. 15/965,623, filed Apr. 27, 2018, entitled “Telehealth Cart that Supports a Removable Tablet with Seamless Audio/Video Switching”, the contents of which are hereby incorporated by reference.

FIG. 8 illustrates a block diagram of the various electrical components of a telemedicine cart in accordance with the disclosure. The cart includes a CPU or controller that may take the form of a computer running Microsoft Windows, LINUX, UNIX, MAC OS, or other similar operating system. The cart may include first and second optical cameras 54, 56 as well as a thermal camera 58 and an overhead camera 42. The overhead camera may be a PTZ camera and have a separate control interface 76, such as an RS-232 interface, that provides enhanced control of the actuators that control the pan, tilt, and zoom of the overhead camera 42. The cart may also include a touchscreen display 52 coupled to the controller 74 that can display images, including video and the user interface described above, as well as receive touch input from the user to provide to the controller. The cart may also include at least one speaker 50 and at least one microphone 48 coupled to the controller 74. The controller 74 is coupled to at least one network adapter 78 to allow the controller 74 to communicate with other devices over a network, such as the Internet. The one or more network adapters 78 may include wired network adapters (such as Ethernet) and wireless network adapters such as WIFI and Bluetooth. The cart may also include a peripheral port expansion bay 30 coupled to the controller 74. The peripheral ports may include HDMI, Ethernet, USB, and other interfaces for connecting to external medical devices, imaging devices, audio devices, input devices, and the like. The cart also includes an AC plug 24 coupled to a power supply 80 that powers the various electrical components of the cart. The power supply 80 may include a battery charger 82 coupled to a battery 84 to power the cart when the AC plug 24 is not plugged into an AC power source. Some components, such as the optical and thermal cameras, the touchscreen display, the microphone, and the speaker may be mounted together in the head of the cart which may have pan and tilt control provided by head pan/tilt actuators 86, which are coupled to and controlled by the controller 74.

Additionally, as will be appreciated by one of ordinary skill in the art, principles of the present disclosure may be reflected in a computer program product on a computer-readable storage medium having computer-readable program code embodied in the storage medium, the computer-readable program code executable by a processor. Any tangible, non-transitory computer-readable storage medium may be utilized, including magnetic storage devices (hard disks, floppy disks, and the like), optical storage devices (CD-ROMs, DVDs, Blu-Ray discs, and the like), flash memory, and/or the like. These computer program instructions may be loaded onto a general purpose computer, special purpose computer, or other programmable data processing apparatus to produce a machine, such that the instructions that execute on the computer or other programmable data processing apparatus create means for implementing the functions specified. These computer program instructions may also be stored in a computer-readable memory that can direct a computer or other programmable data processing apparatus to function in a particular manner, such that the instructions stored in the computer-readable

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memory produce an article of manufacture, including implementing means that implement the function specified. The computer program instructions may also be loaded onto a computer or other programmable data processing apparatus to cause a series of operational steps to be performed on the computer or other programmable apparatus to produce a computer-implemented process, such that the instructions that execute on the computer or other programmable apparatus provide steps for implementing the functions specified.

The foregoing specification has been described with reference to various embodiments. However, one of ordinary skill in the art will appreciate that various modifications and changes can be made without departing from the scope of the present disclosure. Accordingly, this disclosure is to be regarded in an illustrative rather than a restrictive sense, and all such modifications are intended to be included within the scope thereof. Likewise, benefits, other advantages, and solutions to problems have been described above with regard to various embodiments. However, benefits, advantages, solutions to problems, and any element(s) that may cause any benefit, advantage, or solution to occur or become more pronounced are not to be construed as a critical, a required, or an essential feature or element. As used herein, the terms “comprises,” “comprising,” and any other variation thereof, are intended to cover a non-exclusive inclusion, such that a process, a method, an article, or an apparatus that comprises a list of elements does not include only those elements but may include other elements not expressly listed or inherent to such process, method, system, article, or apparatus. Also, as used herein, the terms “coupled,” “coupling,” and any other variation thereof are intended to cover a physical connection, an electrical connection, a magnetic connection, an optical connection, a communicative connection, a functional connection, and/or any other connection.

While the principles of this disclosure have been shown in various embodiments, many modifications of structure, arrangements, proportions, elements, materials, and components, which are particularly adapted for a specific environment and operating requirements, may be used without departing from the principles and scope of this disclosure. These and other changes or modifications are intended to be included within the scope of the present disclosure.

What is claimed is:

1. A telemedicine system comprising:  
a cart that supports a controller coupled to a camera system, a touchscreen display, a microphone, a speaker, and a network, the controller is configured to display a user interface on the touchscreen display in response to a user input received via the touchscreen display, the user interface including at least a first selectable option that causes video captured by the camera system to be displayed on the touchscreen display and a second option to transmit a request for consultation via the network; and  
a remote device coupled to the controller via the network, the remote device including a camera, a display, a microphone, and a speaker and configured to establish a communication session with the controller, wherein the first selectable option causes video captured by the camera system to be displayed on the touchscreen when the system is not in session and, during the communication session, the controller causes the touchscreen display to display video captured by the camera of the remote device.
2. The system of claim 1, wherein the camera system includes a thermal camera.

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3. The system of claim 2, wherein the camera system includes a first optical camera with a first field of view.

4. The system of claim 3, wherein the camera system includes a second optical camera with a second field of view.

5. The system of claim 4, wherein the cart further comprises an articulating boom that supports a third optical camera coupled to the controller, the third optical camera having a third field of view.

6. The system of claim 5, wherein the third optical camera is a pan-tilt-zoom camera.

7. The system of claim 6, wherein the controller changes at least one of the pan, tilt, and zoom of the third optical camera in response to a user input provided via the touchscreen display.

8. The system of claim 6, wherein the controller changes at least one of the pan, tilt, and zoom of the third optical camera in response to a user input received from the remote station.

9. The system of claim 1, wherein the camera system and the touchscreen display can be panned and tilted relative to the cart.

10. The system of claim 9, wherein the camera system and the touchscreen display are mechanically coupled such that they face in substantially the same direction and move together.

11. The system of claim 9, wherein the cart includes actuators configured to pan and tilt the camera system and the touchscreen display in response to commands received from the remote station.

12. The system of claim 11, wherein the actuators are configured to be manually repositioned by a person in the vicinity of the cart.

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13. The system of claim 1, wherein the user interface displays a plurality of selectable consultation types that can be selected to request a consultation.

14. The system of claim 13, wherein selecting a first consultation type causes a consultation request to be transmitted to a first care provider and selecting a second consultation type causes a consultation request to be transmitted to a second care provider.

15. The system of claim 1, wherein the user interface includes a selectable option that causes the controller to display a medical form that can be completed via the touchscreen interface.

16. The system of claim 1, wherein the controller causes the user interface to display a prompt for a telephone number and subsequently transmits the consultation request to a telephone number provided by the user via the touchscreen interface in response to the prompt.

17. The system of claim 1, wherein the consultation request is transmitted via a Short Message Service protocol and includes a uniform resource locator.

18. The system of claim 17, wherein the recipient of the consultation request can select the uniform resource locator to activate an application that establishes the communication session with the controller.

19. The system of claim 1, wherein the user interface includes a selectable option for a language translation service.

20. The system of claim 1, wherein the cart includes a removable peripheral bay that includes a plurality of communication ports coupled to the controller.

\* \* \* \* \*

# Exhibit I



US010059000B2

(12) **United States Patent**  
**Herzog et al.**

(10) **Patent No.:** US 10,059,000 B2  
(45) **Date of Patent:** \*Aug. 28, 2018

(54) **SERVER CONNECTIVITY CONTROL FOR A TELE-PRESENCE ROBOT**

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(\* ) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 2 days.

This patent is subject to a terminal disclaimer.

(21) Appl. No.: **15/198,594**

(22) Filed: **Jun. 30, 2016**

(65) **Prior Publication Data**

US 2016/0311114 A1 Oct. 27, 2016

**Related U.S. Application Data**

(60) Continuation of application No. 13/894,246, filed on May 14, 2013, now Pat. No. 9,381,654, which is a (Continued)

(51) **Int. Cl.**  
*B25J 9/16* (2006.01)  
*B25J 5/00* (2006.01)  
(Continued)

(52) **U.S. Cl.**  
CPC ..... *B25J 9/1689* (2013.01); *B25J 5/00* (2013.01); *B25J 5/007* (2013.01); *B25J 19/023* (2013.01);  
(Continued)

(58) **Field of Classification Search**

CPC ..... B25J 9/1689; B25J 5/007; B25J 19/023;  
B25J 5/00; G05D 1/0246; G05D 1/0038;  
(Continued)

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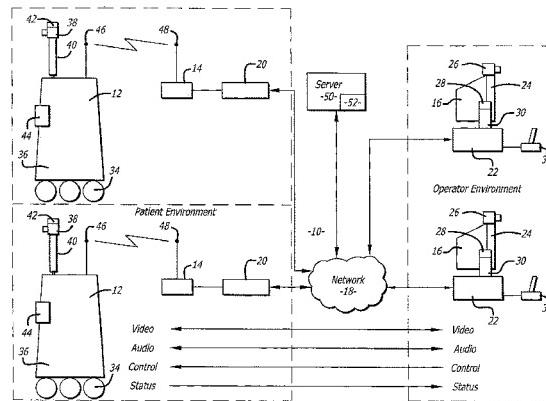
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(57) **ABSTRACT**

A robot system with a robot that has a camera and a remote control station that can connect to the robot. The connection can include a plurality of privileges. The system further includes a server that controls which privileges are provided to the remote control station. The privileges may include the ability to control the robot, joint in a multi-cast session and the reception of audio/video from the robot. The privileges can be established and edited through a manager control station. The server may contain a database that defines groups of remote control station that can be connected to groups of robots. The database can be edited to vary the stations and robots within a group. The system may also allow for connectivity between a remote control station at a user programmable time window.

**19 Claims, 7 Drawing Sheets**



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**Related U.S. Application Data**

division of application No. 12/349,288, filed on Jan. 6, 2009, now Pat. No. 8,463,435, which is a continuation-in-part of application No. 12/277,922, filed on Nov. 25, 2008, now Pat. No. 9,138,891.

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CPC ..... *G05D 1/0038* (2013.01); *G05D 1/0246* (2013.01); *G05B 2219/40153* (2013.01); *G05B 2219/40178* (2013.01); *G05B 2219/40195* (2013.01); *G05D 2201/0206* (2013.01); *Y10S 901/01* (2013.01); *Y10S 901/47* (2013.01)

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CPC ..... G05D 2201/0206; Y10S 901/01; Y10S 901/47; G05B 2219/40195; G05B 2219/40153; G05B 2219/40178  
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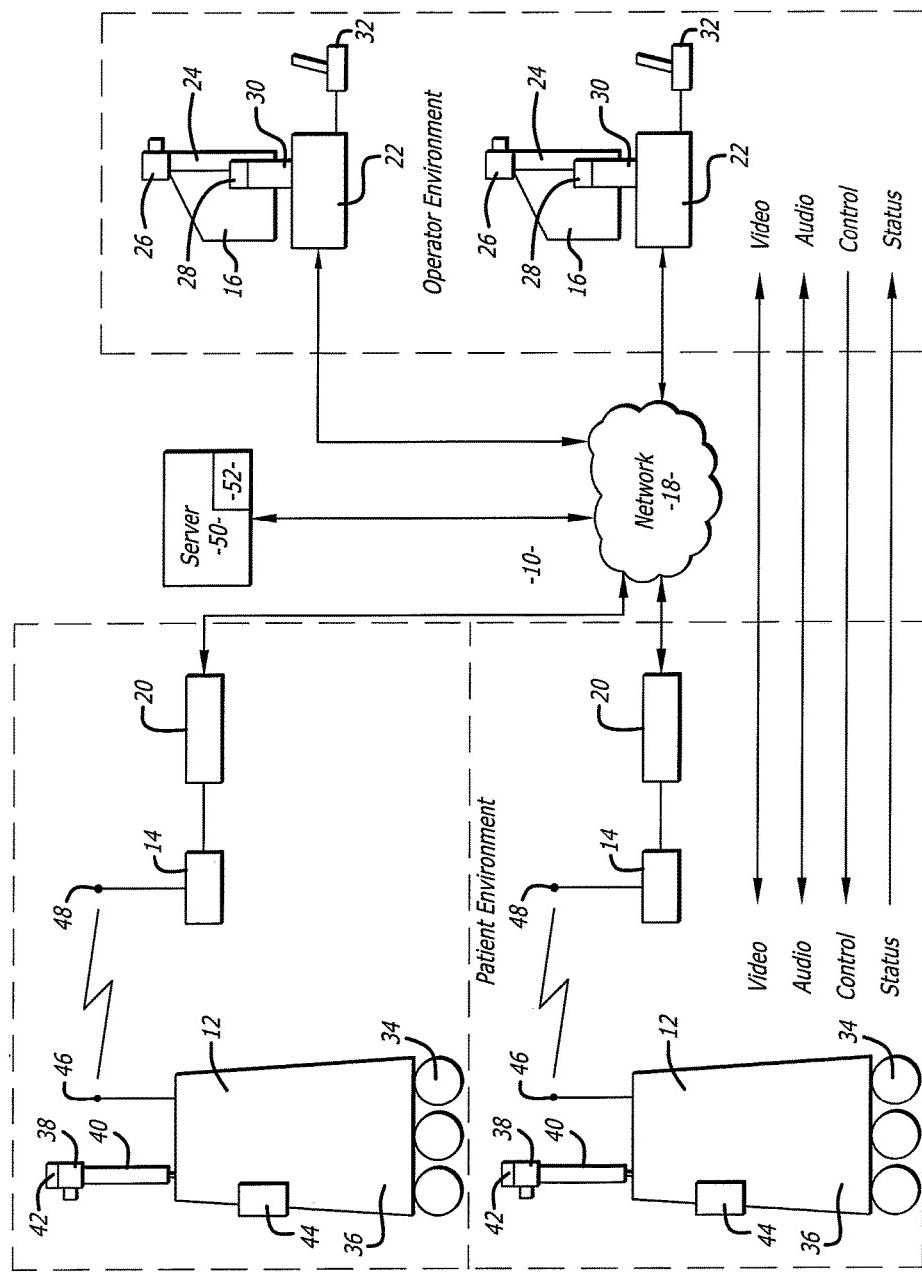


FIG. 1

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New Group Creation

Creation Filters

OEM	AAA <input type="checkbox"/>
Customer	No Selection <input type="checkbox"/>

Add Members ↗ 62

Group ↗ 70	No Selection <input type="checkbox"/>
OEM ↗ 68	No Selection <input type="checkbox"/>
Customer ↗ 66	No Selection <input type="checkbox"/>
Client ↗ 64	CS-2346 <input type="checkbox"/>

Name	AAA Executive Laptops
Members	<client>CS-2345</client><client>CS-2346</client>
Comments	AAA laptops used by corporate executives.

Add This Goup ↗ 74

Existing Groups ↗ 76

Display Filters

Group	No Selection <input type="checkbox"/>
OEM	AAA <input type="checkbox"/>
Customer	No Selection <input type="checkbox"/>
Client	No Selection <input type="checkbox"/>
Show Inactive	No Selection <input type="checkbox"/>

Time Zone

PST (-8) <input type="checkbox"/>
-----------------------------------

78 } -60-

ID	Active	Name	Members	Created By
123 ↗ 82	True	AAA Proctor Boxes1	<client>Robot-1234</client> <client>Robot-1234</client> <client>Robot-1234</client>	Marcus Brody 06/21/08 08:23pm
125	True	AAA Proctor Boxes1 Laptops	<client>CS-2455</client> <client>CS-2455</client>	Doug Quaid 06/01/08 01:23pm

80 } 82  
84

FIG. 2

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FIG. 3

New Rule Creation

Time Zone  
PST (-8)  92

Creation Filters

OEM	No Selection <input type="checkbox"/>
Customer	No Selection <input type="checkbox"/>

Add From  : 96

Group	AAA Proctor Boxes1 <input type="checkbox"/>
OEM	No Selection <input type="checkbox"/>
Customer	No Selection <input type="checkbox"/>
Client	No Selection <input type="checkbox"/>

From 98 <group>AAA Executive Laptops</group>  
 To 100 <group>AAA Proctor Boxes1</group>  
 Priority 102 1  
 Privilege Level 104 Full Access   
 Type 106 Additive (+)   
 Bidirectional 108 False (=>)   
 Read-Only 110 False   
 Start Time 112 06/20/08 08:00pm  
 End Time 114 06/21/08 06:00pm  
 Comments Temporary rule for conference demo in Georgia.

Add This Rule 116

Existing Rules 94 -90-

Display Filters

Group	No Selection <input type="checkbox"/>
OEM	AAA <input type="checkbox"/>
Customer	No Selection <input type="checkbox"/>
Client	No Selection <input type="checkbox"/>
Show Inactive	No Selection <input type="checkbox"/>

ID Active From To Pri Privilege

12	True 120	<client>CS-2556</client>	<client>Robot-1234</client>	1	No Save
15	True	<customer>ISRG Customer1</customer>	<customer>ISRG Customer2</customer>	1	Full Access

Edit 120 History 122 118

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**FIG. 4**

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Control Station	<input checked="" type="checkbox"/> Customer	Location	Robot	Customer	Location
CS-2015	<input checked="" type="checkbox"/>	North Shore Long Island Jewish	Robot-1103	<input checked="" type="checkbox"/>	Intensive Care On-line Network, Inc.
Comments	ICON				

Connectivity failure detected. Select an option below to resolve key problem.

Allow CS-2015 to connect to Robot-1103...

for 2 days

Owner: Cody Herzog

Comments: Temp rule for demo!

Rule Trace:  
No applicable rules found.

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**FIG. 5**

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Control Station	<input checked="" type="checkbox"/> Customer	Location	Robot	Customer	Location
CS-2009	<input checked="" type="checkbox"/> ITH	ITH	Robot-1094	<input checked="" type="checkbox"/> AAA	AAA
Comments	ICON				

Connectivity success. No key problems.

Rule Trace: [Edit applicable rules]

:<customer>ITH</customer> TO <group>%all%</group>,Full Access

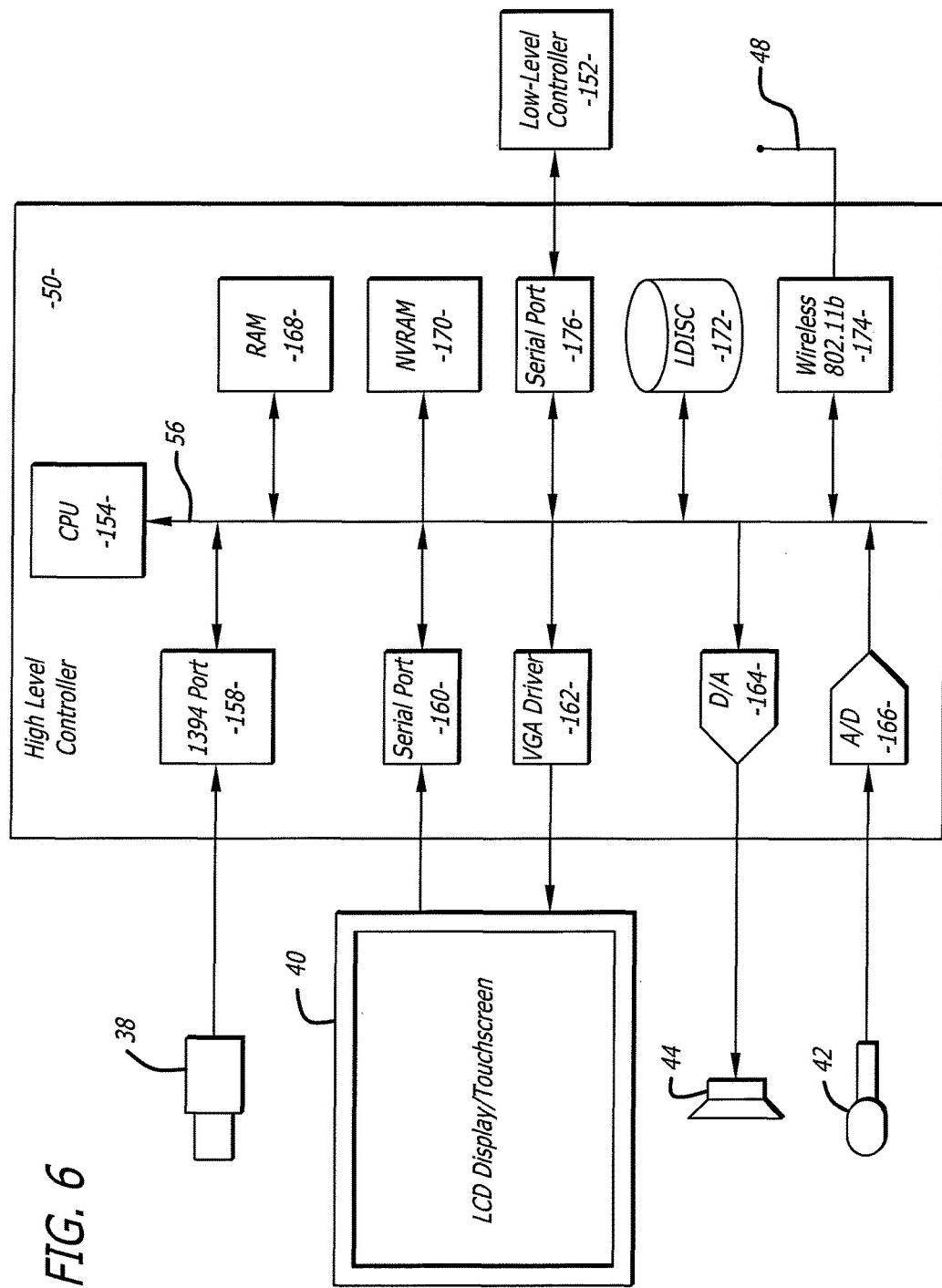
-130-

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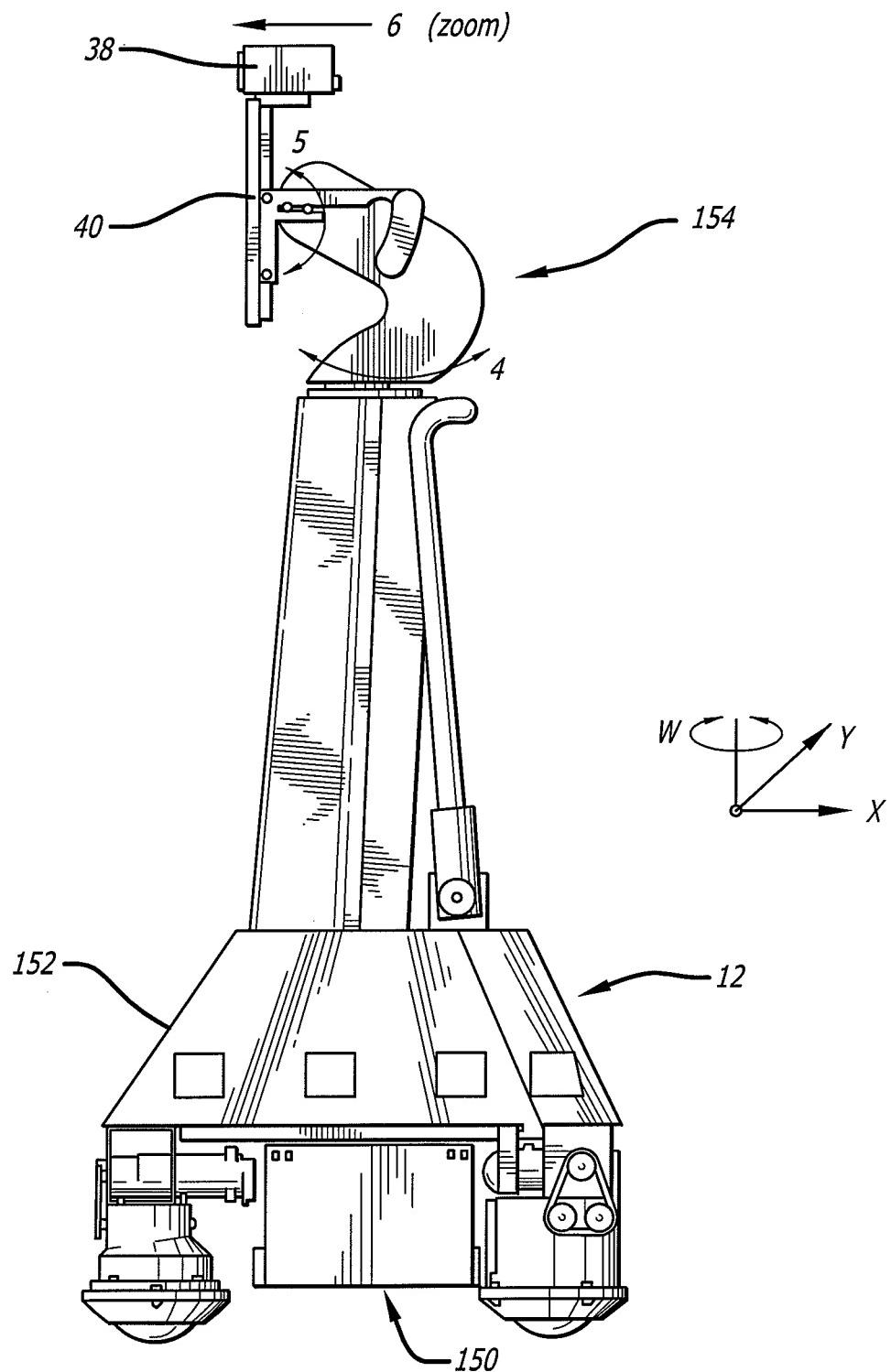


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*FIG. 7*

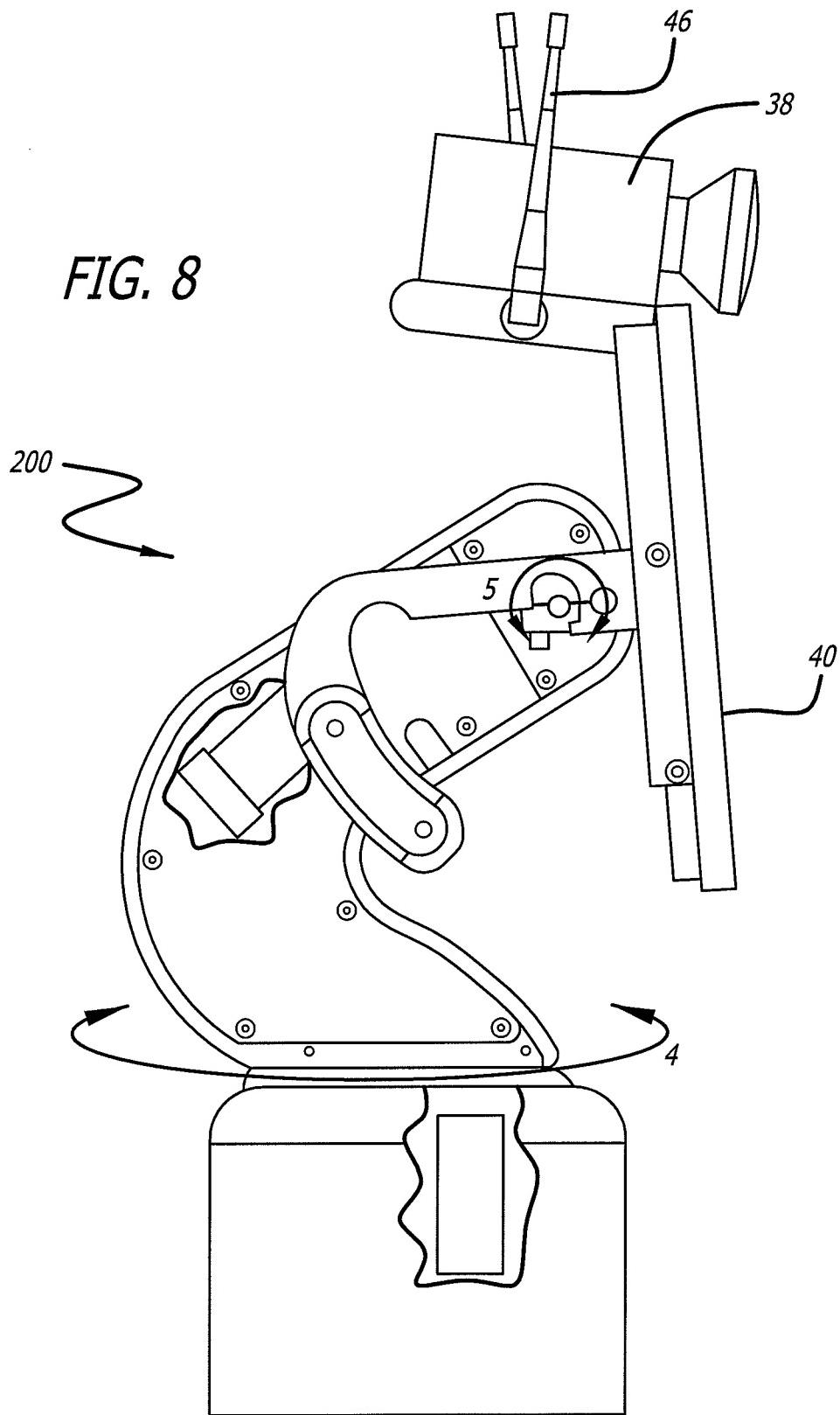
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*FIG. 8*



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**1****SERVER CONNECTIVITY CONTROL FOR A TELE-PRESENCE ROBOT**

## BACKGROUND OF THE INVENTION

## 1. Field of the Invention

The subject matter disclosed generally relates to the field of robotics.

## 2. Background Information

Robots have been used in a variety of applications ranging from remote control of hazardous material to assisting in the performance of surgery. For example, U.S. Pat. No. 5,762,458 issued to Wang et al. discloses a system that allows a surgeon to perform minimally invasive medical procedures through the use of robotically controlled instruments. One of the robotic arms in the Wang system moves an endoscope that has a camera. The camera allows a surgeon to view a surgical area of a patient.

There has been marketed a tele-presence mobile robot introduced by InTouch Technologies, Inc., the assignee of this application, under the trademark RP-7. The InTouch robot is controlled by a user at a remote station. The remote station may be a personal computer with a joystick that allows the user to remotely control the movement of the robot. Both the robot and remote station have cameras, monitors, speakers and microphones to allow for two-way video/audio communication. The robot camera provides video images to a screen at the remote station so that the user can view the robot's surroundings and move the robot accordingly.

The InTouch robot system can be used to access any number of robots from different remote locations. For example, a hospital facility may have a number of tele-presence robots that are accessible from different remote computer stations. A physician can become connected to a robot by merely logging on through a laptop or personal computer. As the number of in-field InTouch tele-presence robots grows, it is desirable to set and edit the connectivity between various remote control stations and different robots. It is also desirable to provide a means to control the parameters of the connectivity. For example, it may be desirable to control connectivity so that multiple remote control stations can receive the audio/video provided by the robot. It may be desirable to restrict the audio and/or video provided to one or more remote control stations. It may also be desirable to establish a time window of connectivity between control stations and robots.

## BRIEF SUMMARY OF THE INVENTION

A robot system with a robot that has a camera and a remote control station that can connect to the robot. The connection can include a plurality of privileges. The system further includes a server that controls which privileges are provided to the remote control station. The system may include a manager control station that can access said server to establish and edit said privileges.

## BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 is an illustration of a robotic system;

FIG. 2 is an illustration of a user interface to create connectivity groups;

FIG. 3 is an illustration of a user interface to create connectivity rules;

FIG. 4 is an illustration of a user interface used to test connectivity between a remote control station and a robot;

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FIG. 5 is an illustration of a user interface similar to FIG.

4 showing an error message;

FIG. 6 is a schematic of an electrical system of a robot;

FIG. 7 is side view of the robot;

5 FIG. 8 is a side view of a robot head.

## DETAILED DESCRIPTION

Disclosed is a robot system with a robot that has a camera and a remote control station that can connect to the robot. The connection can include a plurality of privileges. The system further includes a server that controls which privileges are provided to the remote control station. The privileges may include the ability to control the robot, join in a multi-cast session and the reception of audio/video from the robot. The privileges can be established and edited through a manager control station.

The server may contain a database that defines groups of remote control stations that can be connected to groups of robots. The database can be edited to vary the stations and robots within a group. The system may also allow for connectivity between a remote control station and a robot within a user programmable time window. The system may also allow for connectivity between arbitrary endpoints, including control station to control station connections and robot to robot connections.

Referring to the drawings more particularly by reference numbers, FIG. 1 shows an embodiment of a robot system 10. The robot system 10 includes a plurality of robots 12 each with a base station 14 and a plurality of remote control stations 16. Each remote control station 16 may be coupled to the base station 14 through a network 18. By way of example, the network 18 may be either a packet switched network such as the Internet, or a circuit switched network such as a Public Switched Telephone Network (PSTN) or other broadband system. The base station 14 may be coupled to the network 18 by a modem 20 or other broadband network interface device.

Each remote control station 16 may include a computer 22 that has a monitor 24, a camera 26, a microphone 28 and a speaker 30. The computer 22 may also contain an input device 32 such as a joystick or a mouse. Each control station 16 is typically located in a place that is remote from the robot 12. Although only one robot 12 is shown, it is to be understood that the system 10 may have a plurality of robots 12. In general any number of robots 12 may be controlled by any number of remote stations. For example, one remote station 16 may be coupled to a plurality of robots 12, or one robot 12 may be coupled to a plurality of remote stations 16.

The robot 12 includes a movement platform 34 that is attached to a robot housing 36. Also attached to the robot housing 36 are a camera 38, a monitor 40, a microphone(s) 42 and a speaker 44. The microphone 42 and speaker 30 may create a stereophonic sound. The robot 12 may also have an antenna 46 that is wirelessly coupled to an antenna 48 of the base station 14. The system 10 allows a user at the remote control station 16 to move the robot 12 through the input device 32. The robot camera 38 is coupled to the remote monitor 24 so that a user at the remote station 16 can view a patient. Likewise, the robot monitor 40 is coupled to the remote camera 26 so that the patient can view the user. The microphones 28 and 42, and speakers 30 and 44, allow for audible communication between the patient and the user.

Each remote station computer 22 may operate Microsoft OS software and WINDOWS XP or other operating systems such as LINUX. The remote computer 22 may also operate a video driver, a camera driver, an audio driver and a joystick

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driver. The video images may be transmitted and received with compression software such as MPEG CODEC. The control station may have general user interfaces that allow for operation of a robot and for multi-casting with other remote stations.

The system **10** includes a server **50** that controls connectivity between the remote control stations **16** and the robots **12**. The server **50** includes a database **52**. By way of example, the database **52** may be a relational database. The database **52** can allow for groups of remote stations to connect groups of robots. Groups may contain individual robots and control stations. Groups may also contain customers, which represent all robots and control stations belonging to a particular customer. Groups may also contain OEM configurations, which represent all robots and control stations that are sold by a particular 3rd-party OEM distributor. Groups may also contain other groups in a recursive fashion. By way of example, one healthcare entity may have three robots designated ROBOT-1, ROBOT-2 and ROBOT-3 and 5 remote stations designated CS-1, CS-2, CS-3, CS-4 and CS-5. The 3 robots are defined as group R and the remote stations are defined as group S. Rules can be established that allow connectivity between any remote station in group S with any robot in group R.

FIG. 2 shows a user interface **60** that can be used to create and edit groups. The interface includes an “Add Members” field **62** that allows a user to add members to a group. The members can be selected through the “Clients” field **64**, “Customers” field **66**, “OEM” configuration field **68** or by a “Group” name field **70**. The members of the new group are listed in the “Members” field **72**. The members can be listed as a string of client serial numbers, customer ids, OEM configuration ids and group ids in a simple XML-like format. In this example, the group includes client control stations CS-2345 and CS-2346. The interface **60** may include an “Add This Group” button **74** that can be selected to add a group to the database.

The interface **60** may include an “Existing Groups” area **76** that allows the user to view existing groups and group members through fields **78** which filter based on the category of group name, OEM, customer or client. Interface area **80** lists each group along with the group members, the person who created the group (with time log), and an indication of whether the group is active. An existing group can be edited by selecting an “Edit” button **82**. A history of edits can be viewed by selecting the “History” button **84**.

The group data may be stored in the database with the following group connectivity information:

**id** [int, identity]: Unique numeric ID.

**createID** [int]: ID that is shared amongst all group edits in the history chain. This is used to locate the group history. For the initial group creation, the **createID** is equal to the regular **id**. All subsequent edits to the group will retain the same **createID**, but will be given new unique regular **ids**.

**isActive**[bit]: Set to true if group is currently considered active, meaning that it has not been edited and replaced by a new version of the group.

**name** [nvarchar]: Friendly name of group. This name appears in any group dropdowns in an advanced page.

**members** [text]: String of group members. Contains mixed client machines, customer names, OEM configurations and nested groups.

**membersExpanded** [text]: Stores members in an expanded format where all nested groups and OEMs are expanded to list all client machines and customers contained in the groups.

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**createdUTC**[int]: Timestamp of initial group creation in UTC seconds. When a group is edited, the original group becomes inactive and a new group is created, but the **createdUTC** timestamp is maintained in the new group.

**modifiedUTC**[int]: Timestamp of most recent group modification in UTC seconds. For groups being made inactive due to a group edit, the newly inactive group will have its modified timestamp set to the time of the edit.

**creator**[nvarchar]: The user who first created the group. This can be automatically pulled from domain login credentials used to access the various UI pages.

**lastModifiedBy**[nvarchar]: The user who last modified the group. This can be automatically pulled from domain login credentials used to access the various UI pages.

**comments**[text]: Textual comments attached to group.

FIG. 3 is an interface **90** that can be used to create and edit connectivity rules. The interface **90** includes rule creation filter fields **92** that allow a user to filter the list of systems that appear in the client field when creating new rules. There are also fields **94** that allow the user to review existing rules. The connectivity path of a rule can be defined in fields **96** by adding groups, OEMs, customers, and individual robots and control stations to the “From” **98** and “To” **100** fields.

The rules include “From” **98** and “To” **100** fields that define the connectivity path between control stations and robots. The “Priority” field **102** defines how conflicting rules will be resolved. When rules are in conflict, the priority value resolves the ambiguity. If two conflicting rules have the same priority, the rule that was modified most recently wins. The “Privilege Level” field **104** establishes what privileges are allowed in this particular connectivity. By way of example, the system may allow the following privileges:

The ability to operate the robot.

The ability to accept multi-cast sessions with one or more other remote control stations.

The ability to be the Host (primary control station CS user) for a multi-cast session with one or more other remote control stations.

The ability to be a Guest CS in a multi-cast session with one or more other remote control stations.

The ability to connect directly to a robot (i.e. without being a Guest).

Disabling of all visible video output and/or audio output on a Guests system of what is captured on the robot.

Disabling video output and/or audio output on the robot of what is captured on one or more Guest control stations.

Disabling of saving of media including snapshots and movies from the robot.

Access to a medical device connected to the robot.

The ability to view and control auxiliary video sources.

The ability to use an external handset attached to the robot.

The “Type” field **106** allows the user to specify whether the rule is additive or subtractive. Additive rules can be used to add connectivity. Subtractive rules can be used to selectively remove connectivity in a targeted manner. In this fashion, if one defines the connectivity to or from a group, and then subtracts connectivity privileges of a sub-group, and further adds connectivity privileges of a sub-sub-group, the system thereby allows one to define a hierarchy of connectivity rules. The “Bidirectional” field **108** allows for connectivity between the From and To members to be unidirectional (“False”) or bidirectional (“True”) which is selectable by the user. The user can set the rule as read-only in the “Read-Only” field **110**. Read-only rules always appear

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at the top of the list when rules are displayed. They require special double confirmation to be edited or deleted.

The user can select a time window for connectivity by entering a start date and time in a “Start Time” field 112 and an end date and time in an “End Time” field 114. The rule can be added by selecting the “Add This Rule” button 116. This allows a user to schedule connectivity in advance, to be enabled at a later date and time.

The From, To, Priority, Privilege and Active data for existing rules can be displayed in an interface area 118. A user can edit an existing rule by selecting an “Edit” button 120 and review edit history by selecting a “History” button 122.

The rules can be stored in the relational database with the following connectivity rule information:

id [int, identity]: Unique numeric ID.

createID [int]: ID that is shared amongst all rules in the history chain that resulted from edits. This is used to locate the rule history. For the initial rule, the createID is equal to the regular id. All subsequent edits to the rule will retain the same createID, but will be given new unique regular ids.

priority [int]: Allows establishing precedence between conflicting rules by determining the order in which rules are applied. Higher numbers means the rule will be applied later in the logic chain.

groupFrom [text]: String of “from” group members.

Contains mixed client machines, customers and groups.

For non-bidirectional rules, this represents the source of connectivity, for bidirectional rules it represents both source and destination.

groupTo [text]: String of “to” group members. Contains mixed client machines, customers and groups. For non-bidirectional rules, this represents the destination of connectivity, for bidirectional rules it represents both source and destination.

groupFromExpanded [text]: Stores groupFrom in an expanded format where all nested groups and OEMs are expanded to list all client machines and customers contained in the groups.

groupToExpanded [text]: Stores groupTo in an expanded format where all nested groups and OEMs are expanded to list all client machines and customers contained in the groups.

privilegeMaskFriendlyNameID [int]: Sets the privilege mask associated with this connectivity rule. This is a link to a privilege table. This can also be set to the special value of -1, which implies that the privilege is not explicitly defined and will be inherited from a rule that is higher up in the logic chain. The privilege table can be transferred to a control station which includes code that can decode the table to determine which privileges are allowed in a connectivity.

isActive[bit]: Set to true if rule is currently considered active, meaning that it has not expired and has not explicitly been removed or deactivated as the result of being replaced by a new version of the rule following an edit.

isBidirectional[bit]: Set to true if rule is bidirectional, meaning that “from” can connect to “to” and vice versa. Set to false for one-way, “from”→“to” connectivity.

isReadOnly[bit]: Set to true if the rule is read only, meaning that it requires double confirmation on edit/delete and always appears at top of rule list display. Set to false for standard rule.

type[int]: 0=additive connectivity rule, 1=subtractive connectivity rule, 2=privilege-only rule

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## 6

startUTC[int]: Defines the start of time window that rule is active in UTC seconds.

endUTC[int]: Defines the end of time window that rule is active in UTC seconds. For infinite rules, this will be set to 0.

createdUTC[int]: Timestamp of initial rule creation in UTC seconds. When a rule is edited, the original rule becomes inactive and a new rule is created, but the createdUTC timestamp is maintained in the new rule.

modifiedUTC[int]: Timestamp of most recent rule modification in UTC seconds. For rules being made inactive due to a rule edit, the newly inactive rule will have its modified timestamp set to the time of the edit.

creator[nvarchar]: The user who first created the rule. This can be automatically pulled from domain login credentials used to access the various UI pages.

lastModifiedBy[nvarchar]: The user who last modified the rule. This can be automatically pulled from domain login credentials used to access the various UI pages.

comments[text]: Textual comments attached to rule. These are required.

The ability to change/add groups and rules can be limited to a select field of users, requiring a password/code for access to the interfaces 60 and 90. The server 50 may provide interfaces that can be accessed by the remote control stations 16 to review connectivity. The pages can provide information on which robots can be accessed by a particular remote control station or which remote control stations can access a specific robot.

The server may provide a tester page that allows a user to test the connectivity between two endpoints. FIG. 4 shows an interface 130 that can be used to test connectivity. The interface 130 includes a “Control Station” field 132 that allows a user to enter a control station name and a “Robot” field 134 that allows the user to enter a robot name. If connectivity is allowed by the server 50 then the interface may indicate a successful connection as in FIG. 5. If connectivity is not allowed by the server 50 then the interface may display a message as shown in FIG. 4. In either case, the interface may display the list of all connectivity rules that applied to the calculation of the connectivity success or failure.

A manager control station is defined as any computer which has access to one or more of the interfaces depicted in FIGS. 2 and 5. For example, any office computer, including a remote control station itself, can be navigated to a secure web page through a browser such as Internet Explorer, and, after supplying credentials, access those interfaces.

FIG. 6 shows an embodiment of the robot 12. The robot 12 may include a high level control system 150 and a low level control system 152. The high level control system 150 may include a processor 154 that is connected to a bus 156. The bus is coupled to the camera 138 by an input/output (I/O) port 158, and to the monitor 140 by a serial output port 160 and a VGA driver 162. The monitor 40 may include a touchscreen function that allows the patient to enter input by touching the monitor screen.

The speaker 44 is coupled to the bus 156 by a digital to analog converter 164. The microphone 42 is coupled to the bus 156 by an analog to digital converter 166. The high level controller 150 may also contain random access memory (RAM) device 168, a non-volatile RAM device 170 and a mass storage device 172 that are all coupled to the bus 162.

The mass storage device 172 may contain medical files of the patient that can be accessed by the user at the remote control station 16. For example, the mass storage device 172

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may contain a picture of the patient. The user, particularly a health care provider, can recall the old picture and make a side by side comparison on the monitor 24 with a present video image of the patient provided by the camera 38. The robot antennae 46 may be coupled to a wireless transceiver 174. By way of example, the transceiver 174 may transmit and receive information in accordance with IEEE 802.11b.

The controller 154 may operate with a LINUX OS operating system. The controller 154 may also operate MS WINDOWS along with video, camera and audio drivers for communication with the remote control station 16. Video information may be transceived using MPEG CODEC compression techniques. The software may allow the user to send e-mail to the patient and vice versa, or allow the patient to access the Internet. In general the high level controller 150 operates to control the communication between the robot 12 and the remote control station 16. The controller and the high level controller 150 may be linked to the low level controller 152 by serial ports 176.

The low level controller 152 runs software routines that mechanically actuate the robot 12. For example, the low level controller 152 provides instructions to actuate the movement platform to move the robot 12. The low level controller 152 may receive movement instructions from the high level controller 150. The movement instructions may be received as movement commands from the remote control station. Although two controllers are shown, it is to be understood that the robot 12 may have one controller controlling the high and low level functions.

FIG. 7 shows an embodiment of the robot 12. The robot 12 may include a holonomic platform 150 that is attached to a robot housing 152. The holonomic platform 150 provides three degrees of freedom to allow the robot 12 to move in any direction.

The robot 12 may have a head 154 that supports the camera 38 and the monitor 40. The head 154 may have two degrees of freedom so that the camera 26 and monitor 24 can be swiveled and pivoted as indicated by the arrows.

The system may be the same or similar to a robotic system provided by the assignee InTouch-Health, Inc. of Santa Barbara, Calif. under the trademark RP-7. The system may also be the same or similar to the system disclosed in U.S. Pat. No. 6,925,357 issued Aug. 2, 2005, which is hereby incorporated by reference.

In operation, the robot 12 may be placed in a home, public or commercial property, or a facility where one or more patients are to be monitored and/or assisted. The facility may be a hospital or a residential care facility. By way of example, the robot 12 may be placed in a home where a health care provider may monitor and/or assist the patient. Likewise, a friend or family member may communicate with the patient. The cameras and monitors at both the robot and remote control stations allow for teleconferencing between the patient and the person at the remote station(s).

The robot 12 can be maneuvered through the home, property or facility by manipulating the input device 32 at a remote station 16.

The robot 10 may be controlled by a number of different users. To accommodate for this the robot may have an arbitration system. The arbitration system may be integrated into the operating system of the robot 12. For example, the arbitration technique may be embedded into the operating system of the high-level controller 150.

By way of example, the users may be divided into classes that include the robot itself, a local user, a caregiver, a doctor, a family member, or a service provider. The robot 12 may override input commands that conflict with robot

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operation. For example, if the robot runs into a wall, the system may ignore all additional commands to continue in the direction of the wall. A local user is a person who is physically present with the robot. The robot could have an input device that allows local operation. For example, the robot may incorporate a voice recognition system that receives and interprets audible commands.

A caregiver is someone who remotely monitors the patient. A doctor is a medical professional who can remotely control the robot and also access medical files contained in the robot memory. The family and service users remotely access the robot. The service user may service the system such as by upgrading software, or setting operational parameters.

Message packets may be transmitted between a robot 12 and a remote station 16. The packets provide commands and feedback. Each packet may have multiple fields. By way of example, a packet may include an ID field a forward speed field, an angular speed field, a stop field, a bumper field, a sensor range field, a configuration field, a text field and a debug field.

The identification of remote users can be set in an ID field of the information that is transmitted from the remote control station 16 to the robot 12. For example, a user may enter a user ID into a setup table in the application software run by the remote control station 16. The user ID is then sent with each message transmitted to the robot.

The robot 12 may operate in one of two different modes; an exclusive mode, or a sharing mode. In the exclusive mode only one user has access control of the robot. The exclusive mode may have a priority assigned to each type of user. By way of example, the priority may be in order of local, doctor, caregiver, family and then service user. In the sharing mode two or more users may share access with the robot. For example, a caregiver may have access to the robot, the caregiver may then enter the sharing mode to allow a doctor to also access the robot. Both the caregiver and the doctor can conduct a simultaneous tele-conference with the patient.

The arbitration scheme may have one of four mechanisms; notification, timeouts, queue and call back. The notification mechanism may inform either a present user or a requesting user that another user has, or wants, access to the robot. The timeout mechanism gives certain types of users a prescribed amount of time to finish access to the robot. The queue mechanism is an orderly waiting list for access to the robot. The call back mechanism informs a user that the robot can be accessed. By way of example, a family user may receive an e-mail message that the robot is free for usage. Tables 1 and 2, show how the mechanisms resolve access request from the various users.

TABLE I

User	Access Control	Medical Record	Command Override	Software/Debug Access	Set Priority
Robot	No	No	Yes (1)	No	No
Local	No	No	Yes (2)	No	No
Caregiver	Yes	Yes	Yes (3)	No	No
Doctor	No	Yes	No	No	No
Family	No	No	No	No	No
Service	Yes	No	Yes	Yes	Yes

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TABLE II

Requesting User					
		Local	Caregiver	Doctor	Family
Current User	Local	Not Allowed	Warn current user of pending user Notify requesting user that system is in use Set timeout	Warn current user of pending user Notify requesting user that system is in use Set timeout = 5 m	Warn current user of pending user Notify requesting user that system is in use Set timeout = 5 m Call back
	Caregiver	Warn current user of pending user. Notify requesting user that system is in use. Release control	Not Allowed	Warn current user of pending user Notify requesting user that system is in use Set timeout = 5 m Queue or callback	Warn current user of pending user Notify requesting user that system is in use Set timeout = 5 m
	Doctor	Warn current user of pending user Notify requesting user that system is in use Release control	Warn current user of pending user Notify requesting user that system is in use Set timeout = 5 m	Warn current user of pending user Notify requesting user that system is in use No timeout Queue or callback	Notify requesting user that system is in use No timeout
	Family	Warn current user of pending user Notify requesting user that system is in use Release Control	Notify requesting user that system is in use No timeout Put in queue or callback	Warn current user of pending user Notify requesting user that system is in use Set timeout = 1 m	Warn current user of pending user Notify requesting user that system is in use Set timeout = 5 m Queue or callback
	Service	Warn current user of pending user Notify requesting user that system is in use No timeout	Notify requesting user that system is in use No timeout Callback	Warn current user of request Notify requesting user that system is in use No timeout Callback	Warn current user of pending user Notify requesting user that system is in use No timeout Queue or callback

The information transmitted between the station 16 and the robot 12 may be encrypted. Additionally, the user may have to enter a password to enter the system 10. A selected robot is then given an electronic key by the station 16. The robot 12 validates the key and returns another key to the station 16. The keys are used to encrypt information transmitted in the session.

FIG. 8 shows a robot head 200 that can both pivot and spin the camera 38 and the monitor 40. The robot head 200 can be similar to the robot 12 but without the platform 110. The robot head 200 may have the same mechanisms and parts to both pivot the camera 38 and monitor 40 about a pivot axis 4, and spin the camera 38 and monitor 40 about a spin axis 5. The pivot axis may intersect the spin axis. Having a robot head 200 that both pivots and spins provides a wide viewing area. The robot head 200 may be in the system either with or instead of the mobile robot 12.

While certain exemplary embodiments have been described and shown in the accompanying drawings, it is to be understood that such embodiments are merely illustrative of and not restrictive on the broad invention, and that this invention not be limited to the specific constructions and arrangements shown and described, since various other modifications may occur to those ordinarily skilled in the art.

What is claimed is:

1. A remote controlled robot, comprising:  
a plurality of robots, each robot having a robot camera, a robot camera, a robot microphone, and a robot speaker; a remote station that can establish a connection with said robot, said remote station including a station camera, a station monitor, a station microphone, a station speaker; a server that contains a database that defines a first subset of said plurality of robots as associated with a first

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customer identification (ID) and a second subset of said plurality of robots as associated with a second customer ID; and,

a manager control station that can access said server to edit which of said plurality of robots is associated with said first subset of robots or said second subset of robots, wherein, when said connection between said remote station and said robot is established, the robot monitor displays an image captured by the station camera, the station monitor displays an image captured by the robot camera, the station microphone reproduces a sound captured by the robot microphone, and the robot speaker reproduces a sound captured by the station microphone.

2. The system of claim 1, wherein said connection includes a plurality of privileges.

3. The system of claim 2, wherein said privileges include an ability to operate said robot.

4. The system of claim 2, wherein said privileges include an ability to participate in a session with another remote station.

5. The system of claim 2, wherein said privileges include an ability to view a video image captured by said robot camera.

6. The system of claim 2, wherein said privileges include an ability to hear audio captured by a robot microphone.

7. The system of claim 2, wherein said privileges include an ability for the video image captured by a control station camera to be displayed on said robot monitor.

8. The system of claim 2, wherein said privileges include an ability for the audio captured by a control station microphone to be played by a robot speaker.

9. The system of claim 2, further comprising an auxiliary device that can be coupled to said robot, and said privileges include an ability to access said auxiliary device attached to said robot.

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**10.** The system of claim **2**, wherein said server includes a privilege map that is transferred to said remote control station.

**11.** The system of claim **1**, wherein said robot includes a mobile platform.

**12.** The system of claim **1**, wherein said system includes a plurality of remote stations and said database associates each of the plurality of remote stations with a customer ID.

**13.** The system of claim **1**, wherein said connection between said remote control station and said robot is established by a time window.

**14.** The system of claim **1**, wherein said server provides a user interface that allows one or more connectivity rules to be subtracted.

**15.** A method for connecting a remote station to one of a plurality of robots, comprising:

accessing, via a manager control station, a server that contains a database that defines a first subset of said plurality of robots and a second subset of said plurality of robots, each of the plurality of robots having a robot camera, a robot monitor, a robot microphone, and a robot speaker;

associating, via an input of the manager control station, the first subset of said plurality of robots with a first customer identification (ID) and the second subset of said plurality of robots with a second customer ID; establishing a connection between a remote station and

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one of a plurality of robots, each remote station having a station camera, a station monitor, a station microphone, and a station speaker;

displaying an image captured by the station camera on the robot monitor;

displaying an image captured by the robot camera on the station monitor;

reproducing a sound captured by the robot microphone via the station speaker;

reproducing a sound captured by the station microphone via the robot speaker; and,

accessing, via the manager control station, the server to edit which of said plurality of robots is associated with said first subset of robots or said second subset of robots.

**16.** The method of claim **15**, wherein connection includes a connectivity privilege.

**17.** The method of claim **15**, wherein the privilege includes an ability to participate in a session with another remote station.

**18.** The method of claim **15**, wherein the privilege includes an ability to view a video image captured by the robot camera.

**19.** The method of claim **15**, wherein the privilege includes an ability to operate the robot.

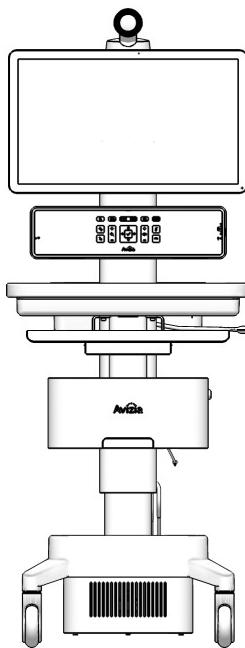
\* \* \* \* \*

# Exhibit J

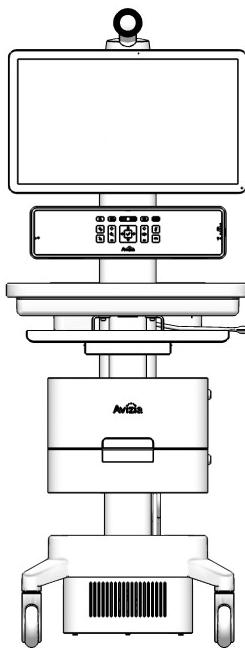


CA750

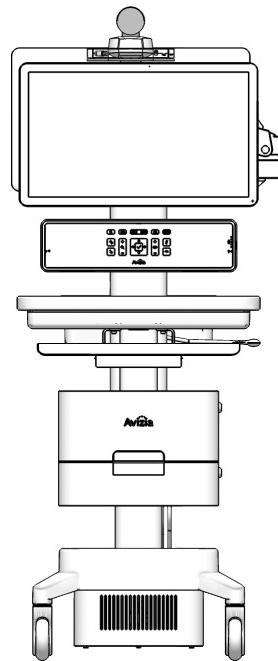
## User & Installation Guide



AVZ-CA750-1-IP40



AVZ-CA750-2-IP40

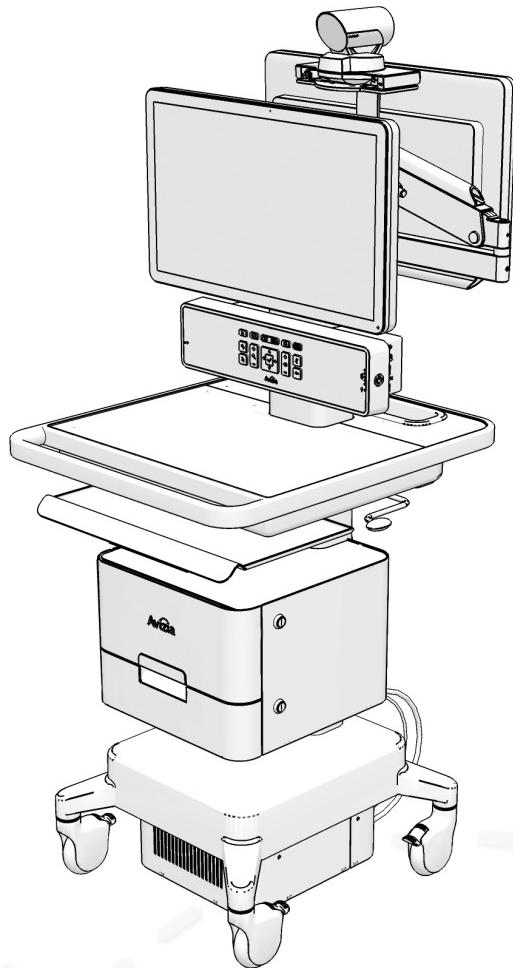


AVZ-CA750-3-IP40

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# Before getting started



- Indications for use
  - Contraindications
- Safety precautions
  - Warnings
  - Environmental considerations
  - Waste handling
- Warnings
- Operator safety summary
- Important Safeguards
- Equipment markings

# Indications for use

The Avizia CA750 enables secure and effective audio/video communication between multiple healthcare providers and between providers and patients. The system transmits real-time audio and video captured by a high-definition camera and integrated microphone. It also receives real-time audio and video from a similar system in a remote location. Finally, the CA750 supports transmission of real-time audio and video from peripheral audio/visual medical devices, which may be connected to standard audio and video inputs provided on the system.

The CA750 is intended to facilitate remote provider/patient and provider/provider consultations. These consultations should always be conducted with a licensed medical professional physically in the room with the patient.

## Contraindications

The CA750 is not intended to substitute for the in-person physical examination of a patient or as a substitute for direct medical intervention. It is also not intended for real-time, active, or online patient monitoring, nor is it intended to provide time sensitive data or alarms. The CA750 does not support transmission of numerical telemetric/serial data and is not intended for use with non-audio/visual medical devices.

# Safety precautions

## Warnings

Do not modify this equipment without authorization from the manufacturer!

Precaution should be taken during transportation of the system. It is recommended that the operator use caution when wheeling the unit over doorstops and/or into elevators to ensure their safety and prevent damage to the unit.

## For Customers In North America

This equipment complies to the limits for a Class A digital device, pursuant to Part 15 of the FCC Rules.

These limits are designed to provide reasonable protection against harmful interference when the equipment is operated in a commercial environment. This equipment generates, uses, and can radiate radio frequency energy, which may cause harmful interference to radio communications.

You are cautioned that any changes or modifications not expressly approved in this manual could void your authority to operate this equipment

## Environmental considerations

Thank you for buying a product which contributes to a reduction in pollution, and thereby helps save the environment. Our products reduce the need for travel and transport and thereby reduce pollution. Our products have either none or few consumable parts (chemicals, toner, gas, paper). Our products are low energy consuming products.

## Battery Handling

Batteries for the Remote Control are Long Life Alkaline batteries; please follow guidelines on the packing material for handling and disposal of the batteries.

The system enclosed rechargeable battery is non-user replaceable and should be removed by a qualified service technician only.

### CAUTION

RISK OF EXPLOSION IF BATTERY IS REPLACED BY AN INCORRECT TYPE. DISPOSE OF USED BATTERIES ACCORDING TO MANUFACTURER INSTRUCTIONS.

## Production of Products

Our factories employ efficient environmental methods for reducing waste and pollution and ensuring the products are recyclable.

## Waste handling

### EU Battery and WEEE Directives

For product safety and data integrity reasons the permanently affixed battery should only be removed or replaced professionally by a repair technician or waste management professional. Please contact Avizia or an authorized service agent if the product fails to perform due to malfunction of the permanently affixed battery.



This symbol on the product, battery or packaging means that the product and/or battery should not be disposed of with your household waste.

It is your responsibility to dispose of your waste equipment and batteries separately from your household waste and in accordance with local laws and regulations. The correct disposal of your old equipment and batteries will help prevent potential negative consequences for the environment and human health.

Please use the nearest waste collection facility as directed by your municipality or your retailer.

# Warnings

## Not Intended For Dialing Emergency Medical Services

The CA750 is not intended to make emergency calls. In the event of an emergency, the user should use a telephone or device other than the CA750 to call local emergency services.

## Use medically approved devices

Ensure that any device connected to the CA750 power outlets conforms to IEC 60601-1 standards in order to maintain compliance. Connecting electrical equipment to the CA750 effectively creates a new system, which can result in a reduced level of safety.

## Loss of Connectivity

During the use of the CA750, a healthcare professional may lose connectivity with the system. Loss of connectivity can result from power outages, network outages, failure in the CA750 software/hardware, or other causes. Loss of connectivity can prevent a health care professional from completing a patient session in a timely manner. In cases where time is critical, the user should not use the CA750 and seek an in-person examination from a licensed health care professional.

## Delay or Choppiness of Audio or Video Transmission

The CA750 may operate at a delay of up to 150 milliseconds, depending on network condition. This means that the provider may experience the audio and video transmissions later than they are really occurring. In cases where the remote health care provider needs to make time sensitive assessments or give instructions this delay may result in misalignment of audio and visual transmissions to the real-time procedure and/or inappropriate treatment or diagnosis.

## Proper Training Is Required

Healthcare professionals using the CA750 should be sufficiently trained and familiar with the Installation and User Guide and the instructions for use. Please refer to this guide under “Troubleshooting”, “Safety Precautions” and “Operator Safety.”

Go to <http://support.avizia.com> for additional support content.

## Audio and Video Distortions

The CA750 can experience audio and video distortions due to network latency, software/hardware malfunction, insufficient bandwidth, or for other reasons. If audio or video is not of sufficient quality for the intended use of the CA750, please refer to:

- this guide under “Technical Specifications” and “Troubleshooting,” or visit:  
<http://support.avizia.com>
- Cisco SX20 codec documentation at:  
<http://cisco.com/go/sx-docs>

## Network and Signal Input/Output

The network and signal input/output ports must only be connected to Low Voltage SELV connections.

# Operator safety summary

For your protection, please read these safety instructions completely before operating the equipment and keep this manual for future reference. The information in this summary is intended for persons who operate the equipment as well as repair (servicing) personnel. Carefully adhere to all warnings, precautions and instructions on the apparatus, and the ones described in the operating instructions.

Also, adhere to safety guidelines found in manuals for any peripheral equipment.



## This system contains no user-serviceable parts:

**parts:** The system enclosed battery (rechargeable battery for use in temporary relocation) in this product is non-user replaceable and should be removed by a qualified service technician only.



To avoid risk of electric shock, this equipment must only be connected to a supply mains with protective earth.



**Lower before transporting:** For your safety and to protect the CA750, fully lower the work surface before transporting the system. Pushing or pulling the system with any part of the system other than its handle may result in damage to the system.



**Traversing thresholds and obstacles on the ground:** Use the system handle to PULL the system safely across thresholds, cords, cables, and other potential obstacles on the ground. Always fully lower the work surface before transporting the system.

- Water and moisture - Do not operate the equipment under or near water - for example near a bathtub, kitchen sink, or laundry tub, in a wet basement, or near a swimming pool or in areas with high humidity.
- Cleaning - Unplug the apparatus from the wall outlet before cleaning or polishing. Please adhere to the general cleaning guidelines found in this document's section: "Cleaning the System."
- Power-Cord Protection - Route the power cord so as to avoid it being walked on or pinched by items placed upon or against it, paying particular attention to the plugs, receptacles, and the point where the cord exits from the apparatus.
- Mobility – Before transporting the system unplug the power cord and wrap it around the cable hook. Also ensure that the camera and display are in the operational position (facing forward) and not in the maintenance position (facing upward). Use the system handle to maneuver the system. Pull the system over thresholds, cords, cables, and other obstacles on the ground. Fully lower the work surface before transporting the system.
- Ventilation - Do not block any of the ventilation openings of the apparatus. Install in accordance with the installation instructions. Never cover the slots and openings with a cloth or other material. Never install the apparatus near heat sources such as radiators, heat registers, stoves, or other apparatus (including amplifiers) that produce heat.
- Attachments - Only use attachments as recommended by the manufacturer.
- Accessories - Use only accessories intended for use with this system.
- Lightning - Unplug this apparatus during lightning storms or when unused for long periods of time.
- Servicing - Do not attempt to service the apparatus yourself as opening or removing covers may expose you to dangerous voltages or other hazards, and will void the warranty. Refer all servicing to qualified service personnel.
- Opening the System - Do not open system service panels while system is in use.
- Storage - If you need to store the system, ensure that it is stored in a controlled environment to avoid damage. Refer to the codec documentation for further guidelines.
- Repacking – We recommend you save and store the system's packing materials. They make for an ideal container with which to transport the system.
- Damaged Equipment - Unplug the apparatus from the outlet and refer servicing to qualified personnel under the following conditions:
  - When the power cord or plug is damaged or frayed
  - If liquid has been spilled or objects have fallen into the apparatus
  - If the apparatus has been exposed to rain or moisture
  - If the apparatus has been subjected to excessive shock by being dropped, or the unit has been damaged
  - If the apparatus fails to operate in accordance with the operating instructions.
  - Cart is heavy. Move with caution.
  - Use wheel locks when cart is stationary.
  - Fold in 2nd monitor in proper position before transporting.

# Important safeguards

## Using System in a Medical Environment

No currently available technology can completely substitute the in-person physical examination of an individual patient. Avizia Telemedicine products provide high quality audio and video experiences; when used properly, these products provide a valuable tool for medical professionals. The use and value of the system will vary depending on the specific circumstances of the patient condition, data transmission speeds, and the capabilities of the local environment. Ultimately, the local medical professional supervising the patient's care should judge how this system is to be utilized.



The leakage current could increase when connected to other equipment.

## Warning on Power Connection

Use only with the supplied power cords or cords that meet local hospital-grade requirements. Users in the United States and Canada should use hospital-grade cords that meet the following requirements:

	United States	Canada
Plug Type	Hospital Grade	Hospital Grade
Cord Type	SJT3 x 16 AWG	SJT3 x 16 AWG
Minimum Cordset Rating	13A/125V	13A/125V
Safety Approval	UL	UL

NEVER USE AN EXTENSION CABLE TO POWER THE SYSTEM.

## ElectroStatic Discharge (ESD)

When subjected to an electrostatic discharge the Precision-HD camera image may suffer momentary interruption - this will self-recover in a few seconds after the discharge.

To avoid excess electrostatic discharge, floors should be wood, concrete or ceramic tile. If floors are covered with synthetic material, the relative humidity should be at least 30%.

# Equipment markings



The “exclamation mark” within an equilateral triangle is intended to alert the user to the presence of important operating and maintenance (servicing) instructions within literature accompanying the equipment.



Manufacturer



Pushing or pulling the system with any part of the system other than the handle may result in damage to the system. Always fully lower the work surface before transport and use the system handle to maneuver.



Use the handle to pull the system safely across thresholds, cords, cables, and other potential obstacles on the ground. Always fully lower the work surface before transporting the system.



Follow instructions for use.  
Suivez les instructions d'utilisation.

**NOTICE**

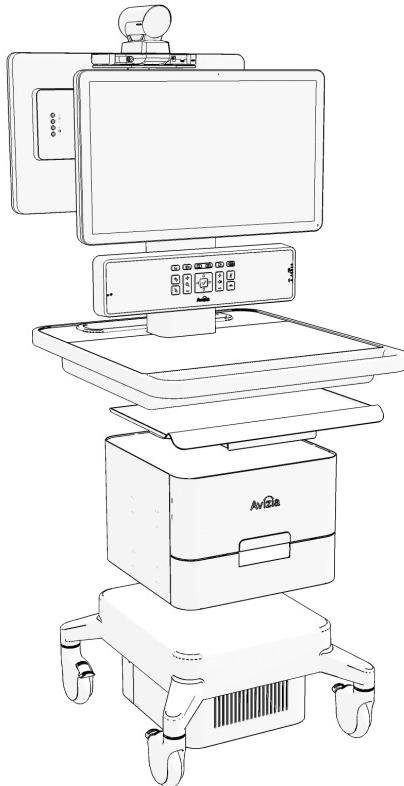
No currently available technology can completely substitute the in-person physical examination of an individual patient. Avizia Telemedicine products provide high quality audio and video experiences; when used properly, these products provide a valuable tool for medical professionals. The use and value of the system will vary depending on the specific circumstances of the patient condition, data transmission speeds, and the capabilities of the local environment. Ultimately, the local medical professional supervising the patient's care should judge how this system is to be utilized.

**NOTICE**

The plug below has a 1 AMP max.

*Located on the rear of the system on the system column.*

# Getting started

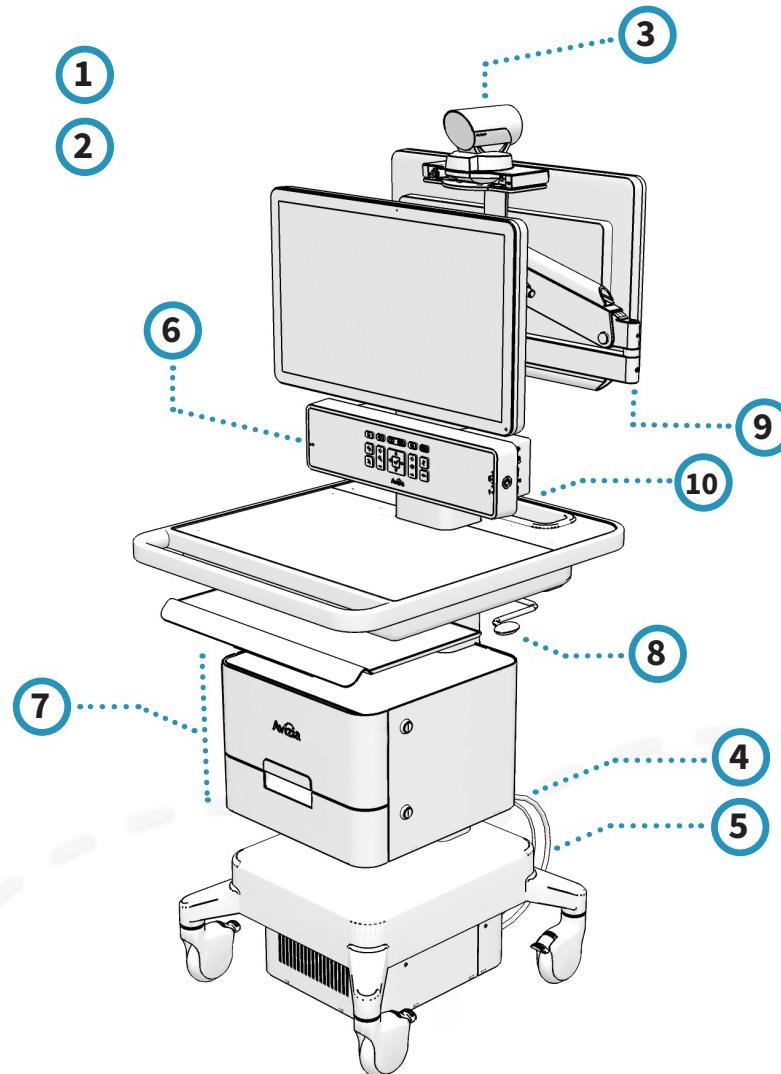


- Initial setup
- Best practices
- System overview
  - Console overview
  - Power indicator LED states
- Power considerations and configuration
  - Turning the system ON
  - Power modes
- Network considerations and configuration
  - Connecting to a wired network
  - Connecting to a wireless network

# Initial setup

Refer to the **Avizia CA750 Quick Start Guide** (included with the system packaging) for procedures pertaining to initial system setup. The Quick Start Guide includes the following items:

1. System overview
2. Unpacking the system
3. Mounting and connecting the camera
4. Providing system power and turning on the cart
5. Providing network using an Ethernet cable
6. Providing network using a wireless network
7. Peripheral drawer and PC drawer option
8. Adjusting the cart height
9. Adjusting the second display arm
10. Utilizing Auxiliary power



The **CA750 Quick Start Guide** (AVZ-CA750-DOC-QSG) is included on the outside of the system packaging. It can also be found online at <http://support.avizia.com>.

# Best practices

## Enable Auto-answer

Setting your system to auto-answer can be a good way to make sure you don't miss a call. You can toggle auto-answer on by accessing the Cisco codec menu system with the system console controls.

Press  (OK) to bring up the Home menu and use the Directional pad to navigate the system menu:

- HOME > SETTINGS > CALL SETTINGS...
- Configure the auto answer settings

We recommend you download the user documentation for details and advanced Cisco SX20 codec functions. Go to: <http://cisco.com/go/quickset-docs>.

## Plug in when storing system

We recommend that the system is plugged in to an electrical outlet when storing the CA750. This ensures that the system battery maintains a full charge and is ready when needed.

## Use call history for quick redial

When calls are placed, missed or received, navigating to your Recent calls list allows you to utilize contacts quickly.

Press  (OK) to bring up the Home menu and use the Directional pad to navigate the system menu:

- HOME > CALL > RECENT CALLS...
- Select contact to call

## Save frequently called numbers

You can save frequently called or favorite video numbers to make them that much easier to call.

Press  (OK) to bring up the Home menu and use the Directional pad to navigate the system menu:

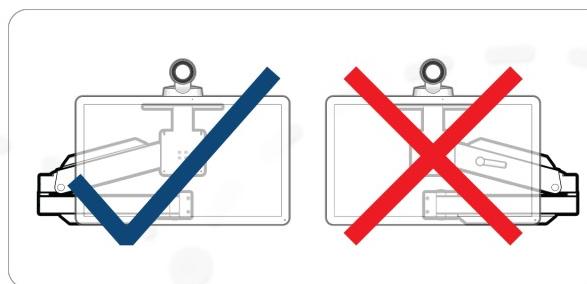
- HOME > CALL... select PHONE BOOK or RECENT CALLS...
- Select contact and choose SAVE TO MY CONTACTS

To place a call from the My contacts directory, press  (OK) to bring up the Home menu and use the Directional pad to navigate the system menu:

- HOME > CALL > PHONE BOOK > MY CONTACTS...
- Select contact to call

## Storing the second display

When collapsing the second display to its folded position, heed the labels on either side of the arm and ensure that the bend in the arm is positioned to the left of the second display as you are facing the back of the cart.



## Set peripheral sharing resolution

The CA750's content sharing settings are factory set to optimize the bandwidth allocation to the shared content source when in a video call. As call bandwidth decreases, the codec will allocate more bandwidth to the shared content stream from the main source stream. This allows the shared content (scope image, computer presentation, etc.) to be presented as clearly as possible in lower bandwidth situations.

The default settings are found in the following menu tabs, and can be adjusted as needed or desired:

HOME

 SETTINGS

 ADVANCED CONFIGURATION

 CONFERENCE 1

 VIDEO BANDWIDTH

 MAIN CHANNEL

 WEIGHT: 1

 MODE: DYNAMIC

 PRESENTATION CHANNEL

 WEIGHT: 10

 VIDEO

 INPUT

 SOURCE 2

 QUALITY: MOTION

# System overview

## What's included:

- CA750 system cart
- PrecisionHD Camera with camera mounting screw
- Display (single or dual display with articulating arm)
- Remote control with batteries
- Key for locking drawer(s)
- Auxiliary power share cord
- USB flash drive
- Hex key set

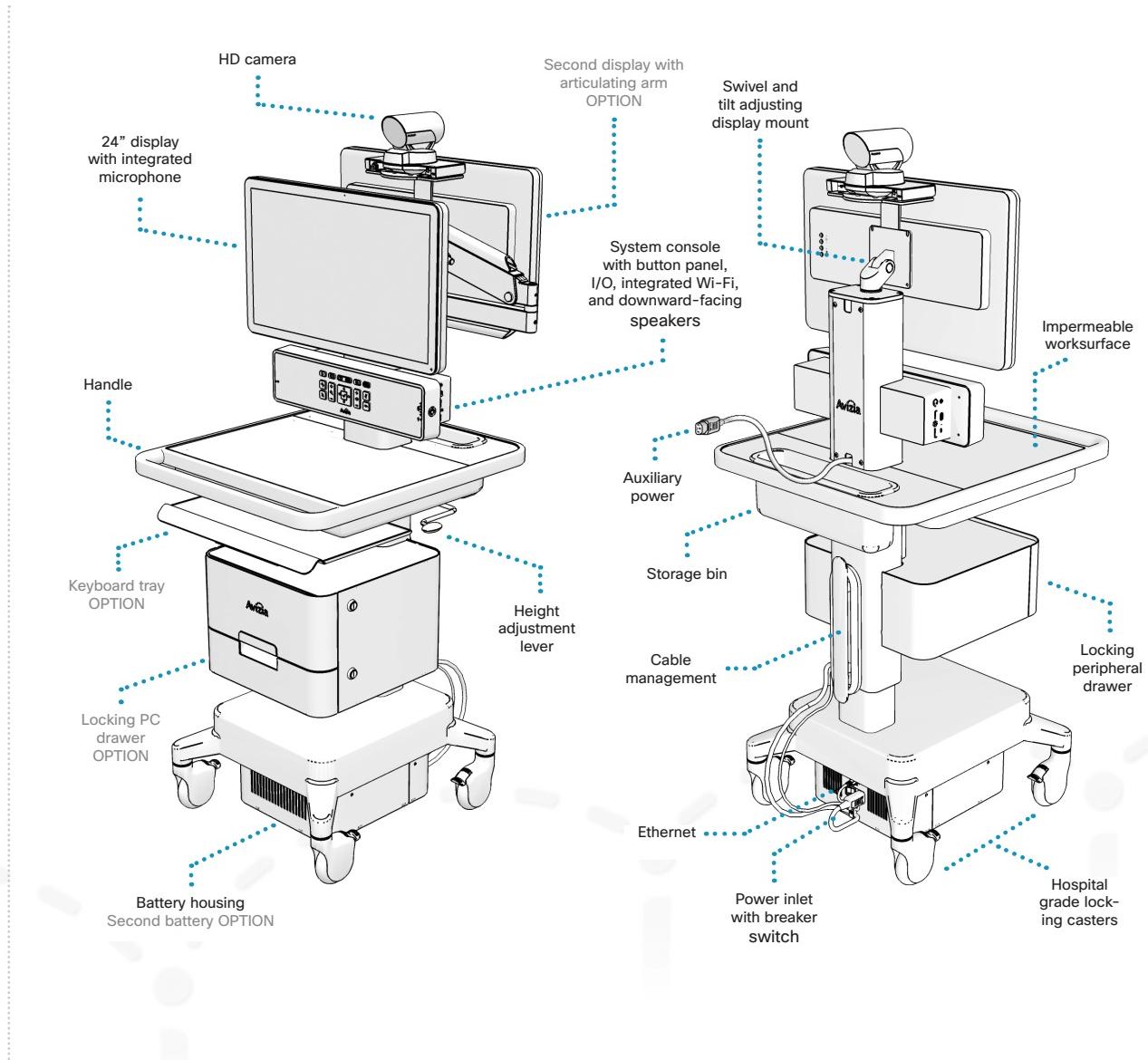
## Configurations and Options:

- MultiSite certificate
- HORUS Scope and accessories
- PC drawer with cables (power, Ethernet, 3.5mm audio, and HDMI to HDMI) — to integrate a user-supplied Ultra-Small Form Factor (USFF) PC.
- Keyboard tray
- Retractable power and/or network caddy

## Tools Required for Assembly

Refer to the CA750 Quick Start Guide (AVZ-CA750-DOC-QSG) included on the outside of the system packaging for initial assembly and setup.

The user documentation for this product, including compliance and safety information, is found on the Avizia website. Go to <http://www.avizia.com>.

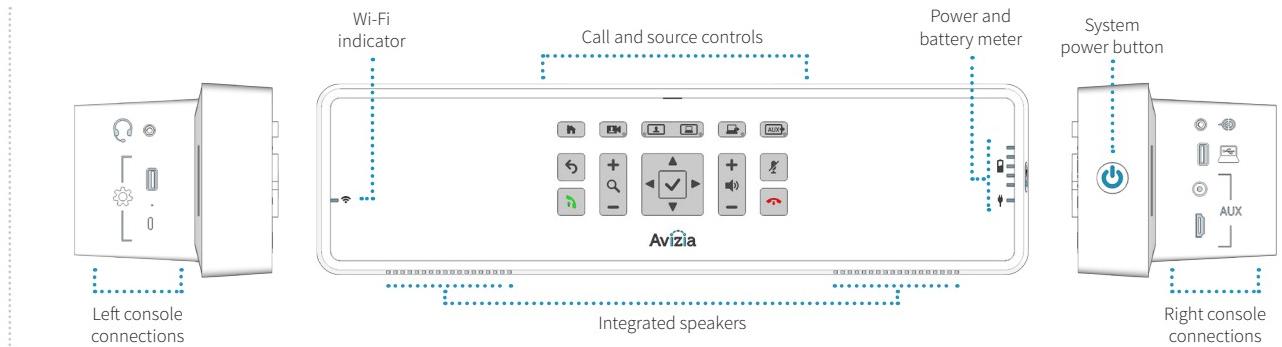


# System overview

## Console overview

System navigation, call controls, and connectivity to peripheral sources can all be done through the system's console.

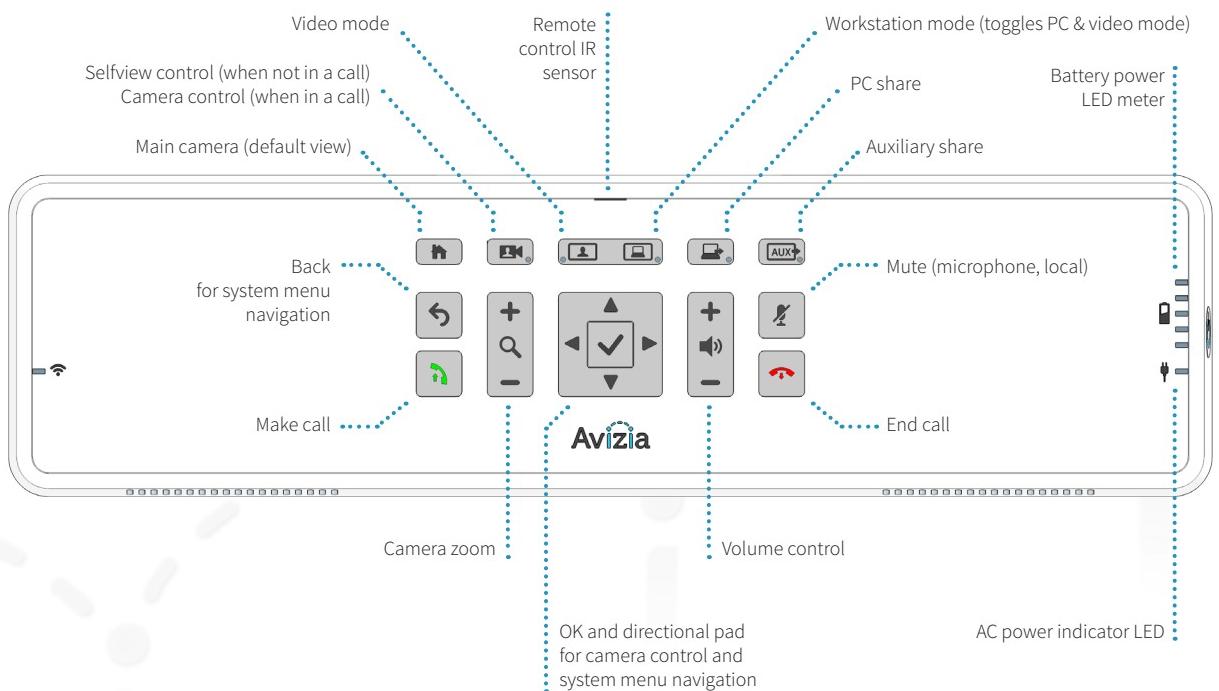
Please see [Using the system](#) to understand the console interface and how to use the CA750 system.



## Power indicator LED states

AC Power system is plugged into an outlet

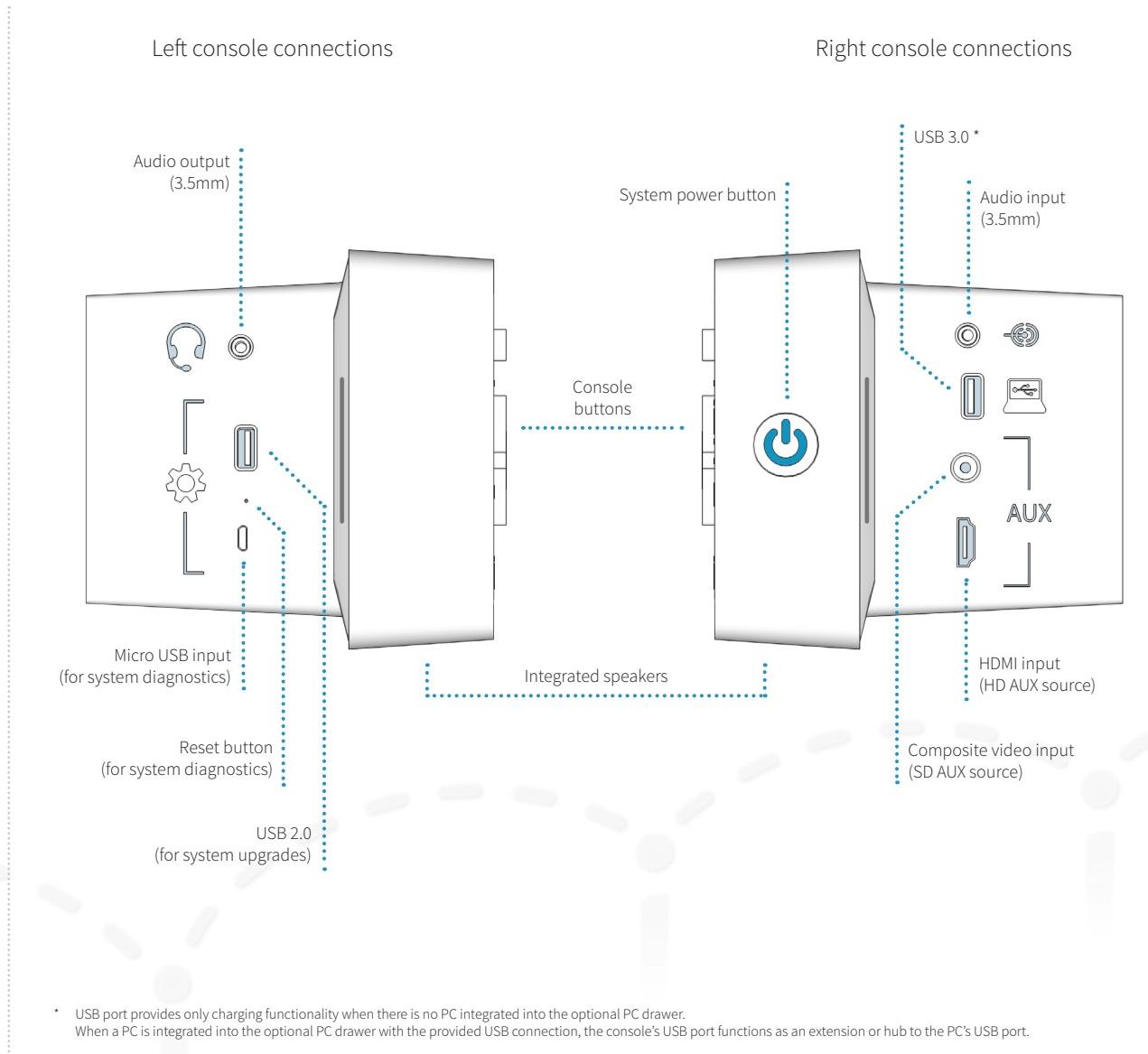
Battery meter 100% battery capacity (BLUE)  
80% battery capacity (BLUE)  
60% battery capacity (BLUE)  
40% battery capacity (BLUE)  
20% battery capacity (AMBER)  
10% capacity when flashing



# System overview

## Console connections overview

The left and right console connections allow the user to connect peripheral devices that will enhance the CA750's capabilities.



# Power considerations and configuration

The CA750 can run on AC or battery power.

When the system is plugged into an outlet, the Power LED on the System Console will light up solid blue in about 10 seconds. The integrated battery will also begin charging.

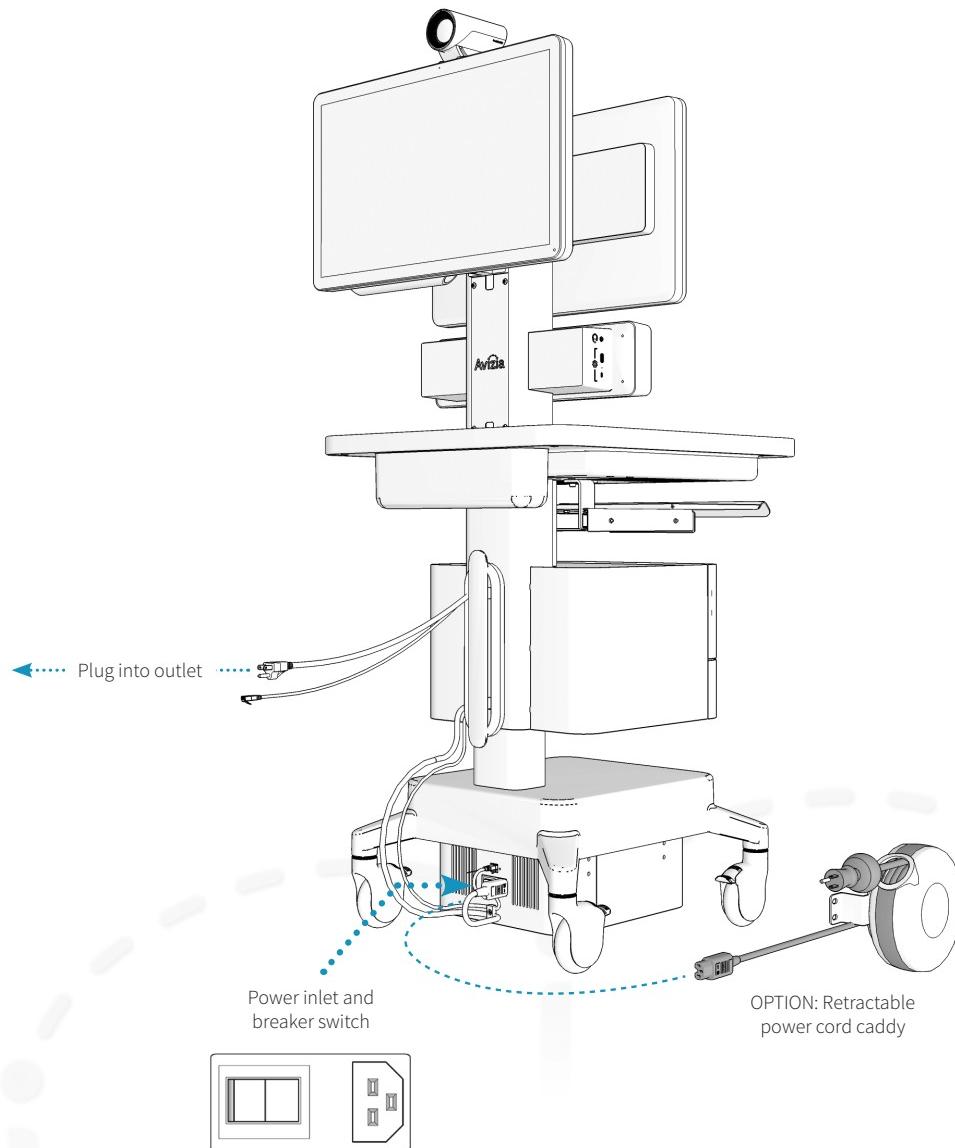
**NOTE** Though the system will arrive with some charge, we recommend you charge the system battery for at least 4 hours before running on battery power.

**NOTE** Smart power management will prevent overcharging and provide feedback for remaining battery capacity.

Each system includes a standard single or optional dual battery to power the cart when not connected to AC power.

	SINGLE BATTERY	DUAL BATTERY (OPTION)
RUN TIME	3-4 hours	6-8 hours
CHARGE TIME	1.5 hours	3.5 hours
BATTERY CAPACITY LED	 100% battery capacity (BLUE)  80% battery capacity (BLUE)  60% battery capacity (BLUE)  40% battery capacity (BLUE)  20% battery capacity (AMBER)  10% capacity when flashing	

**NOTE** The system includes a breaker switch for protection. Should the system indicate there is no power, check the breaker and ensure that it is switched to the ON position.

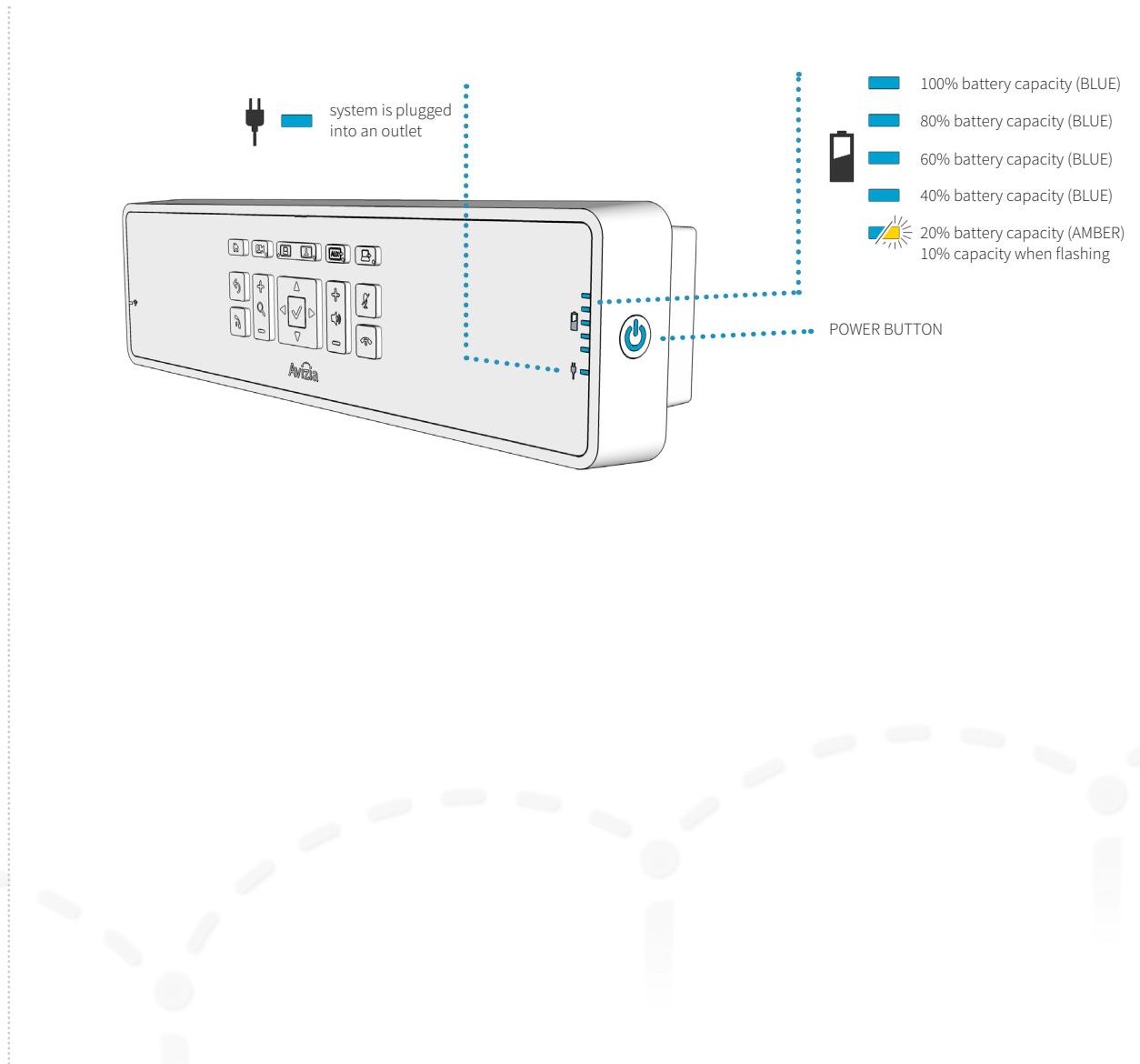


# Power considerations and configuration

## Turning the system ON

Press the system's Power Button on the side of the Console to turn ON the system. This button will illuminate blue when active, and the codec, camera, and display(s) will power on.

While the system is plugged into AC or running on battery, power will be available to the appropriate console, peripheral, and optional PC connections (e.g. auxiliary power cord, peripheral drawer, optional PC drawer, USB ports).



# Power considerations and configuration

## System power modes

### ACTIVE MODE

Pressing the POWER BUTTON on the console will activate the codec, camera, and display(s).

While the system is plugged into AC or running on battery, power will be available to the appropriate console, peripheral, and optional PC connections (e.g. auxiliary power cord, peripheral drawer, optional PC drawer, USB ports).

### STANDBY MODE

If the system is inactive for 10 minutes, the codec, camera, and display(s) will enter STANDBY MODE to conserve power. The camera will turn to its side and the display(s) will turn off (the blue indicator light will not be lit).



If a PC is connected to a dual display cart, then the front-facing display will not enter standby mode unless:

1. The PC also is configured separately to enter standby or sleep.
2. The system is in VIDEO MODE.

When in Standby, the system can be activated by any button press, detection of the codec's remote control, or an incoming call.

### SLEEP / DO NOT DISTURB MODE

Pressing the system's Power Button on the side of the Console for one second will place the system into SLEEP MODE. The blue light for the power button will go dark, the codec will enter DO NOT DISTURB mode, the camera will turn to its side, and the display(s) will turn off (the blue indicator light will not be lit).

The system cannot be used, though power is still provided to the rest of the system where powered connections are made available (e.g. auxiliary power cord, peripheral drawer, optional PC drawer, USB ports).



Any device (PC, scope, etc.) connected to power the powered connections will remain on until otherwise placed into standby, turned off, or disconnected.

To return the system to ACTIVE MODE, press the power button on the side of the console to activate the codec, camera, and display(s).

# Network considerations and configuration

The network module is built into the console of the CA750 and is a dual-band Wi-Fi IEEE 802.11 a/b/g/n wireless network module. The network module can be used in one of two ways: connected to the network infrastructure by Ethernet cable, or connected over the Wi-Fi infrastructure.



It is important that you understand how your wireless infrastructure is configured BEFORE you connect the CA750 to your wireless network.



Determine how you will set up your cart to connect to your wireless network, as this may affect your wireless network settings:

**Single Client** mode allows a one-to-one connection to the wireless network. No other networked devices on the cart will have connectivity except the video codec.

**Multi-Client** mode allows multiple devices to connect to the wireless network. In most cases, “client-bridge” or “passive client” mode must be enabled on the wireless network before devices can obtain an IP address.

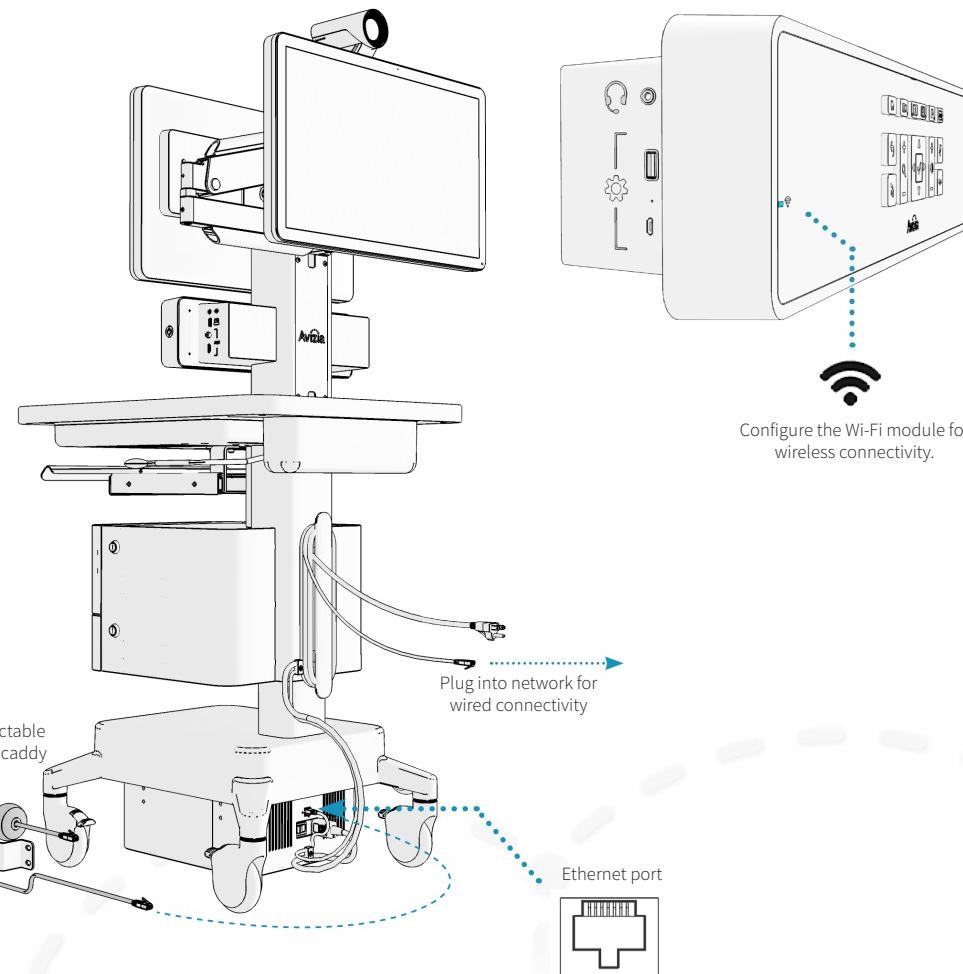


The wireless radio switches off when the system detects a wired network connection. To enable wireless, disconnect the Ethernet cable at the base of the cart.



The system is ready use once the cart has network connectivity and the video codec (Cisco SX20) has been registered to the video infrastructure. For more information on registering your codec and setting a static IP address, please reference the Cisco SX20 Quick Set Administrator Guide:

<http://j.mp/Cisco-SX20-Admin>

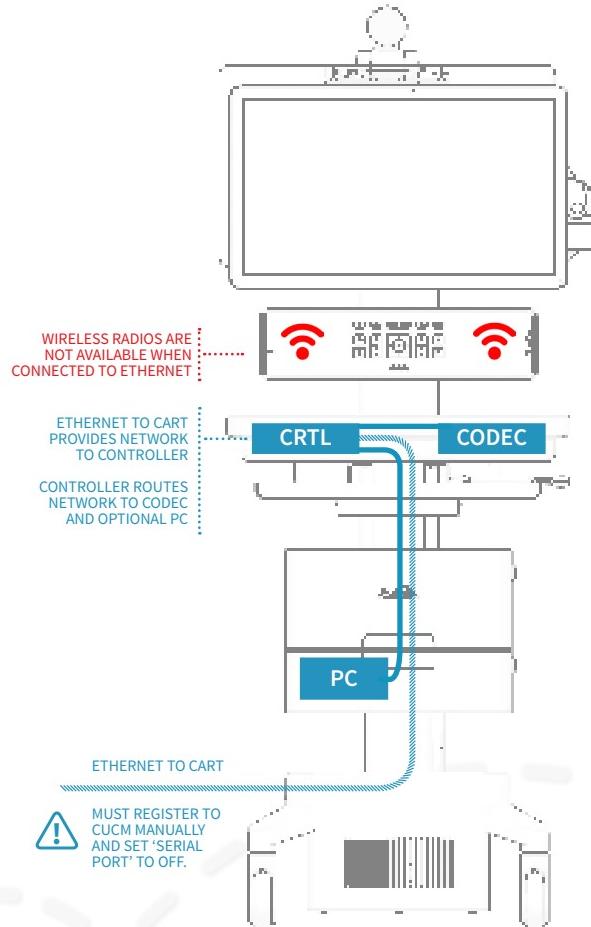


Configure the Wi-Fi module for wireless connectivity.

# Network considerations and configuration

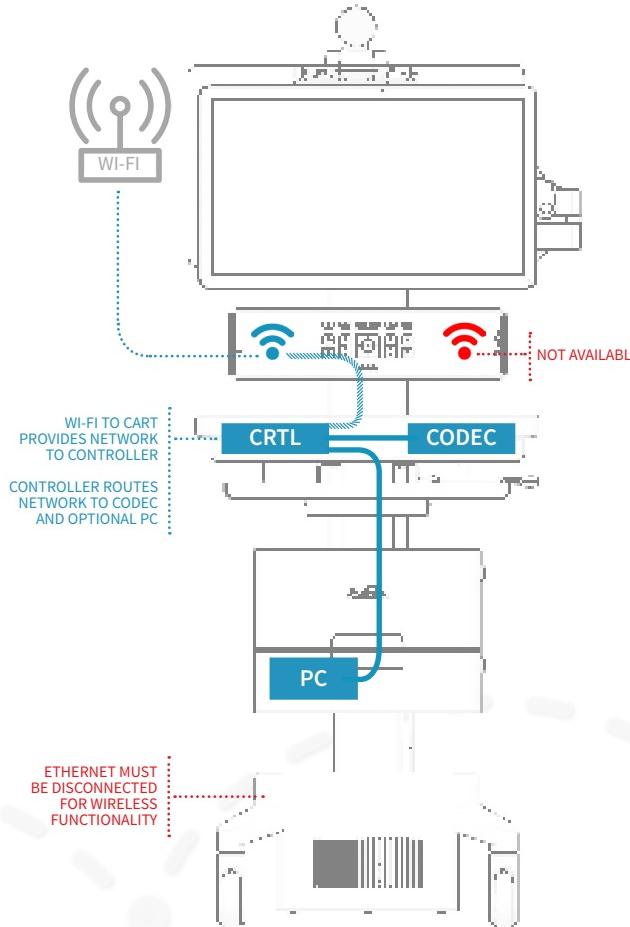
## WIRED CONNECTION

You must manually register the Cisco codec to the CUCM and ensure that the SERIAL PORT setting is set to OFF.

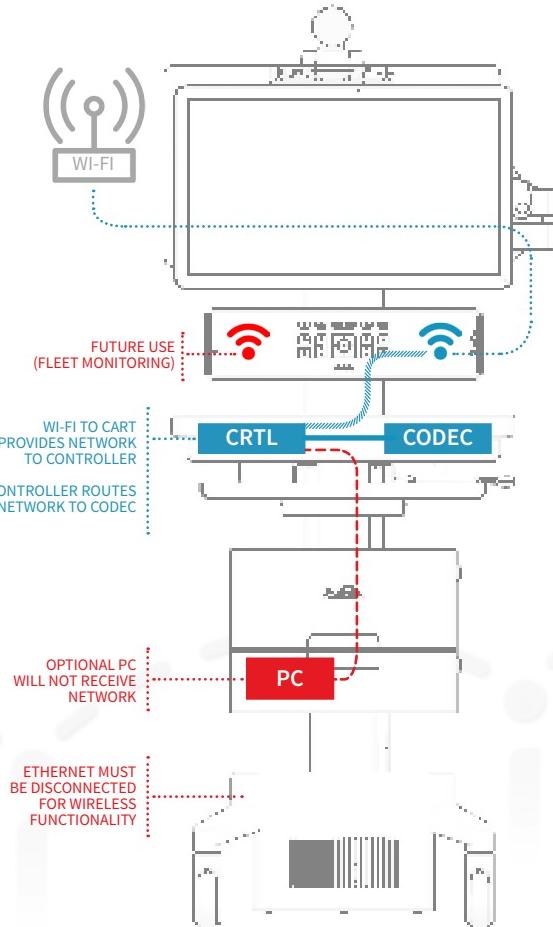


## MULTI-CLIENT WI-FI

Your wireless infrastructure must allow Client-Bridge access (e.g. passive client mode).



## SINGLE-CLIENT WI-FI



# Network considerations and configuration

## Connecting to a wired network

Plug the cart's Ethernet Cable into an active network port. The cable will be installed and ready to use. The optional Retractable Network Caddy may be used in place of the standard cable.

The system is ready to use when the Network LED on the console is a solid blue (network connection is detected) and the codec is registered to your network.

**NOTE** The Wi-Fi radio will be disabled when the system detects an active wired Ethernet connection.

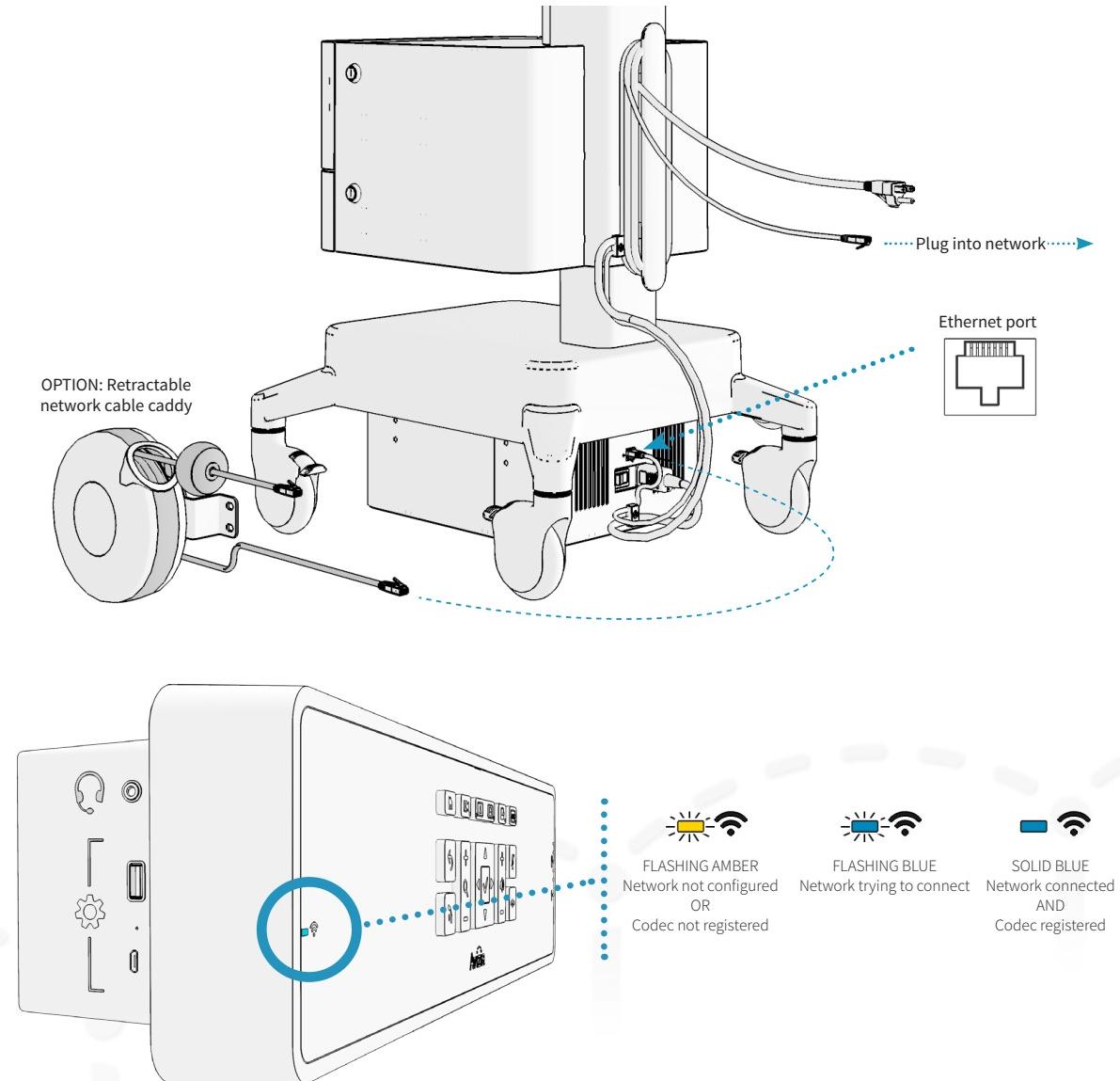
If the LAN has a DHCP service, the system will retrieve a DHCP IP address, which will be displayed in the upper left hand corner of the display.

If a static IP is required for the CA750 then this requires configuring the SX20 endpoint within the CA750.

For more information on registering your codec and setting a static IP address, please reference the Cisco SX20 Quick Set Administrator Guide for the SX20: <http://j.mp/Cisco-SX20-Admin>.

**!** For a wired network connection only: You must manually register the Cisco codec to the CUCM and ensure that the SERIAL PORT setting is set to OFF.

The system can be configured to operate on a wireless network. To configure the system for wireless operation, please refer to **Connecting to a wireless network** in the next section.

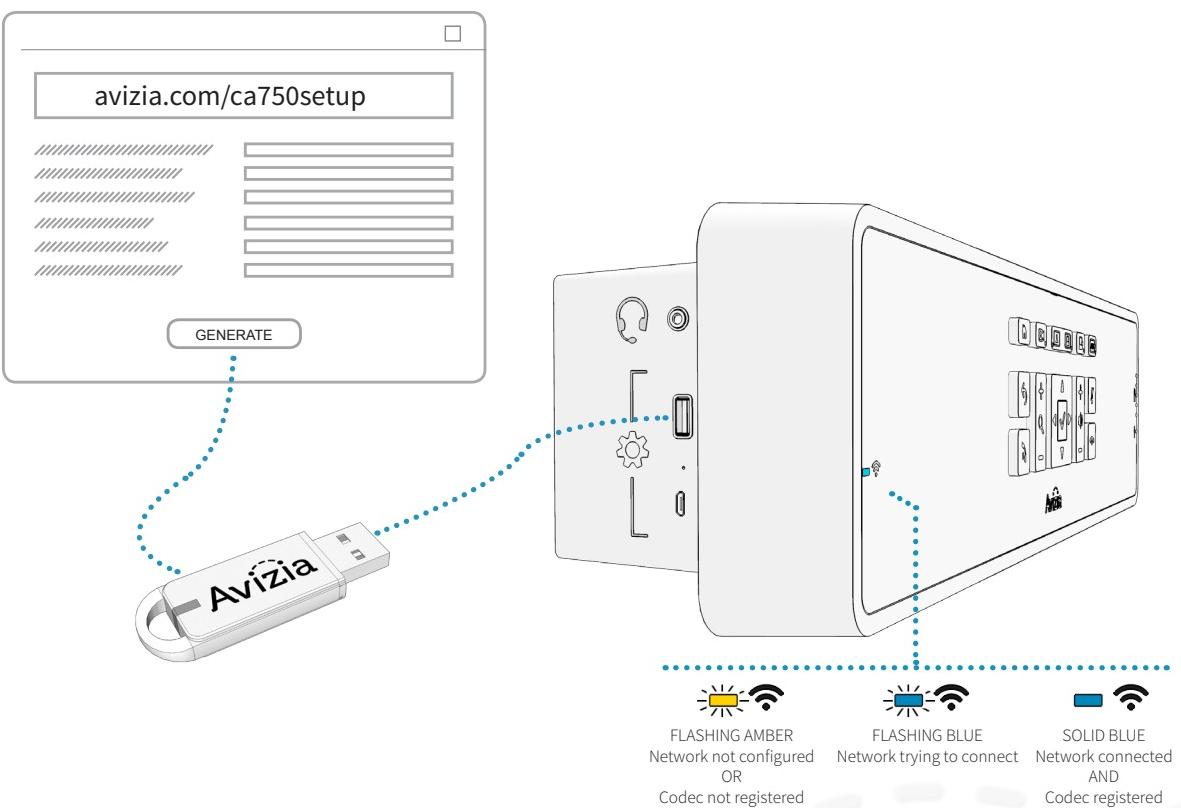


# Network considerations and configuration

## Connecting to a wireless network

The default mode for the CA750 is Single-Client (SC) mode. This provides two dedicated Wi-Fi radios for the Cisco SX20 codec and the cart CPU.

1. Use a computer web browser to navigate to: [avizia.com/ca750setup](http://avizia.com/ca750setup) and fill in the secure webform with the wireless network settings on which the cart is to be connected. Consult your network administrator for the appropriate wireless network settings.
2. Save the configuration file (**CA750CONFIG.TXT**) to the root directory on the included Avizia USB flash drive (a user-supplied flash drive may be used instead).
3. Insert the USB flash drive into the USB 2.0 port on the left side of the console. A message will appear on the display confirming drive detection. The system will begin its configuration routine and may take up to a minute before a message indicating successful configuration appears.
4. The Network LED on the console will be a solid blue when a network connection is detected and the codec is registered.



This procedure does not configure the SX20 codec — separate codec configuration is required.

Please refer to the Cisco SX20 Quick Set Administrator Guide\* for registering your codec:  
<http://j.mp/Cisco-SX20-Admin>.

# Using the system

- Adjusting the system height
  - Raising the work surface
  - Lowering the work surface
- Adjusting the second display
- Controlling the camera
  - Camera controls
  - Selfview
- Controlling volume and microphone
  - Adjusting the speaker volume
  - Turning microphone on and off
- Navigating the menus
- Making a video call
  - Placing a call
- When in a video call
  - Using the PC
  - Presenting an auxiliary device
  - Presenting an electronic or digital stethoscope
  - Using headphones or a headset microphone
- Overview of typical display outputs

# Adjusting the system height

## Raising the work surface

Lift the height-adjustment arm while gently assisting the work surface to the desired height.

## Lowering the work surface

Lift the height-adjust arm and firmly lower the surface to the desired height.



You may need to apply some extra pressure to the work surface as you lower the cart.

## Lower before transporting

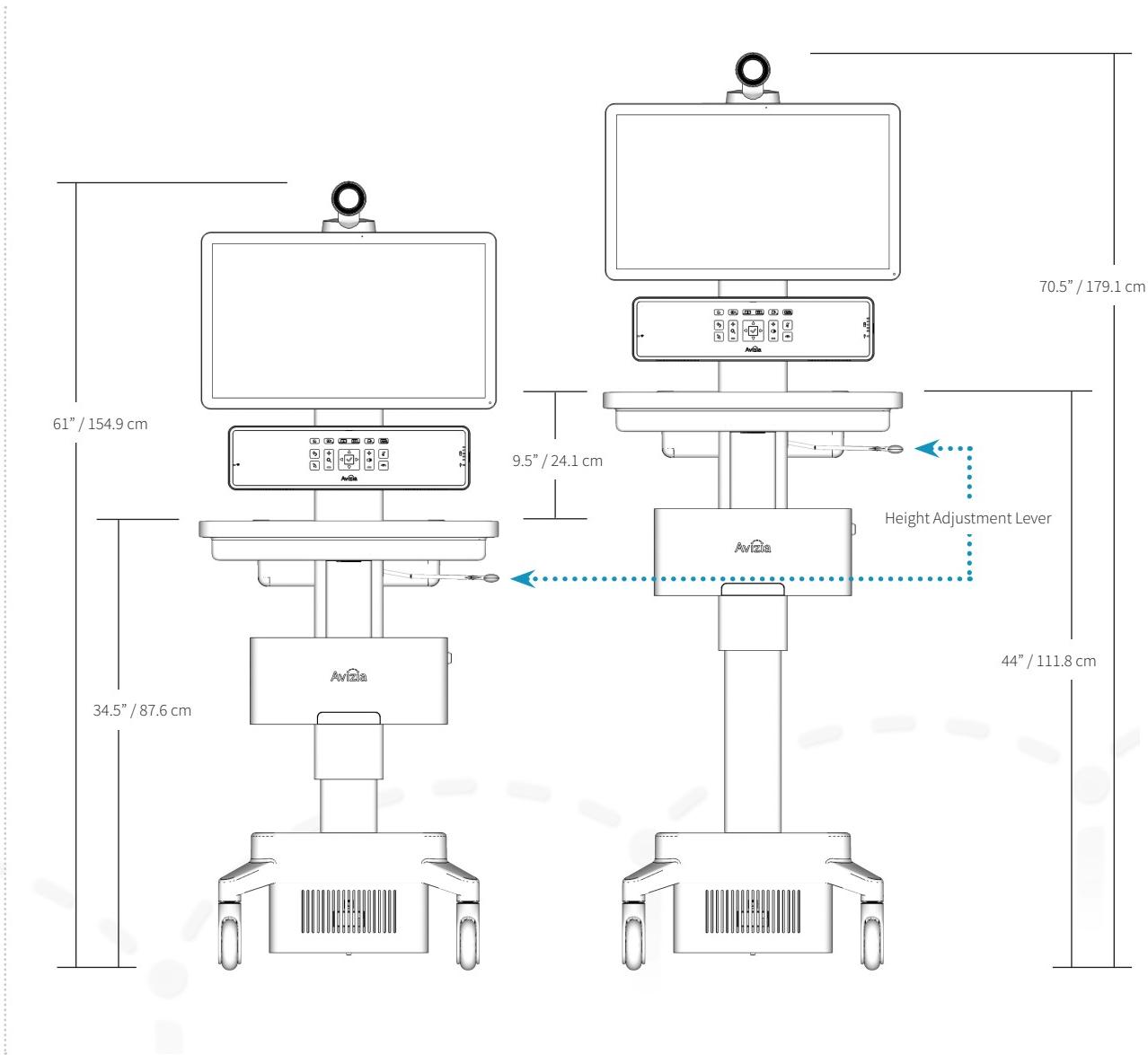


For your safety and to protect the CA750, fully lower the work surface before transporting the system. Pushing or pulling the system with any part of the system other than its handle may result in damage to the system.

## Traversing thresholds and obstacles on the ground



Use the handle to PULL the system safely across thresholds, cords, cables, and other potential obstacles on the ground. Always fully lower the work surface before transporting the system.



# Adjusting the second display

The optional Display Arm for a second display can be adjusted laterally, vertically, and can tilt the display for optimal viewing from the front, sides, or rear of the cart.



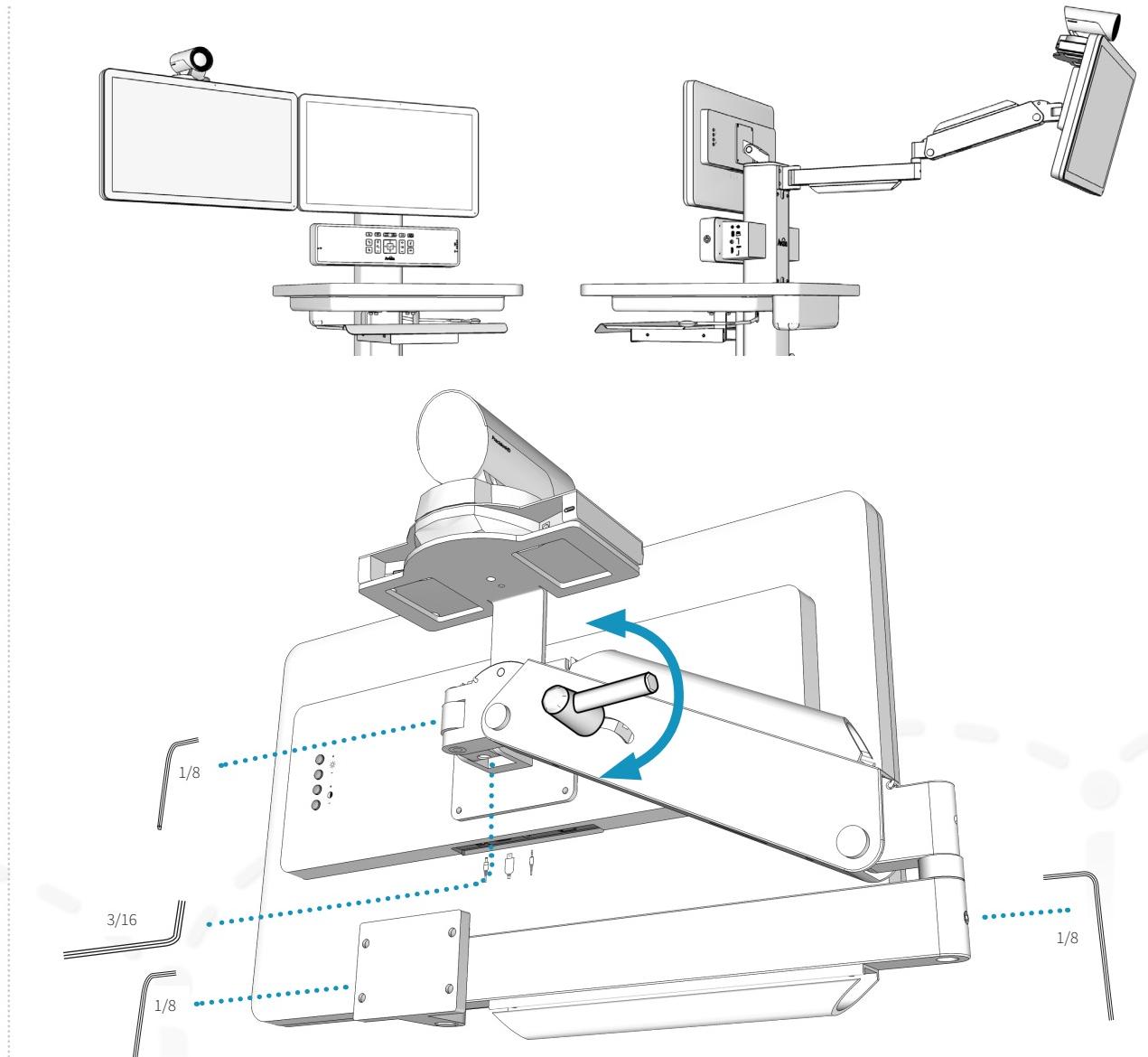
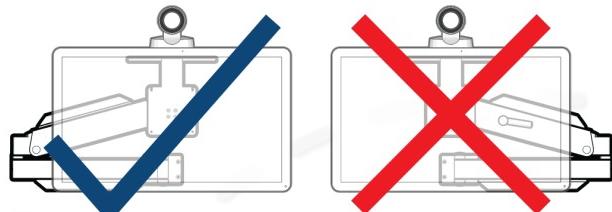
The provided hex wrenches can be used to adjust the tension on the arm at multiple points.

The vertical position is maintained by using the adjustment handle on the upper portion of the arm.

**WARNING:** Do not over-tighten but provide sufficient tension to each pivot joint so as to prevent unintended movement of the display, or the pinching fingers or cables.

When you collapse the display arm to reposition the second display closer to the cart, or to transport the cart to another location, ensure that the arm folds to the left of the display as you are facing the back of the cart.

This is to prevent damage to cables running along the arm.



# Controlling the camera

## Camera controls

Initiate CAMERA CONTROL by pressing the DIRECTIONAL PAD to pan and tilt the camera. Use the ZOOM buttons to adjust the camera's zoom level.

When you have finished adjusting the camera, select the source you want to see on the display: Selfview, PC, or AUX. If no button is pressed for approximately 10 seconds, the system will default back to the HOME view (codec Video Mode).

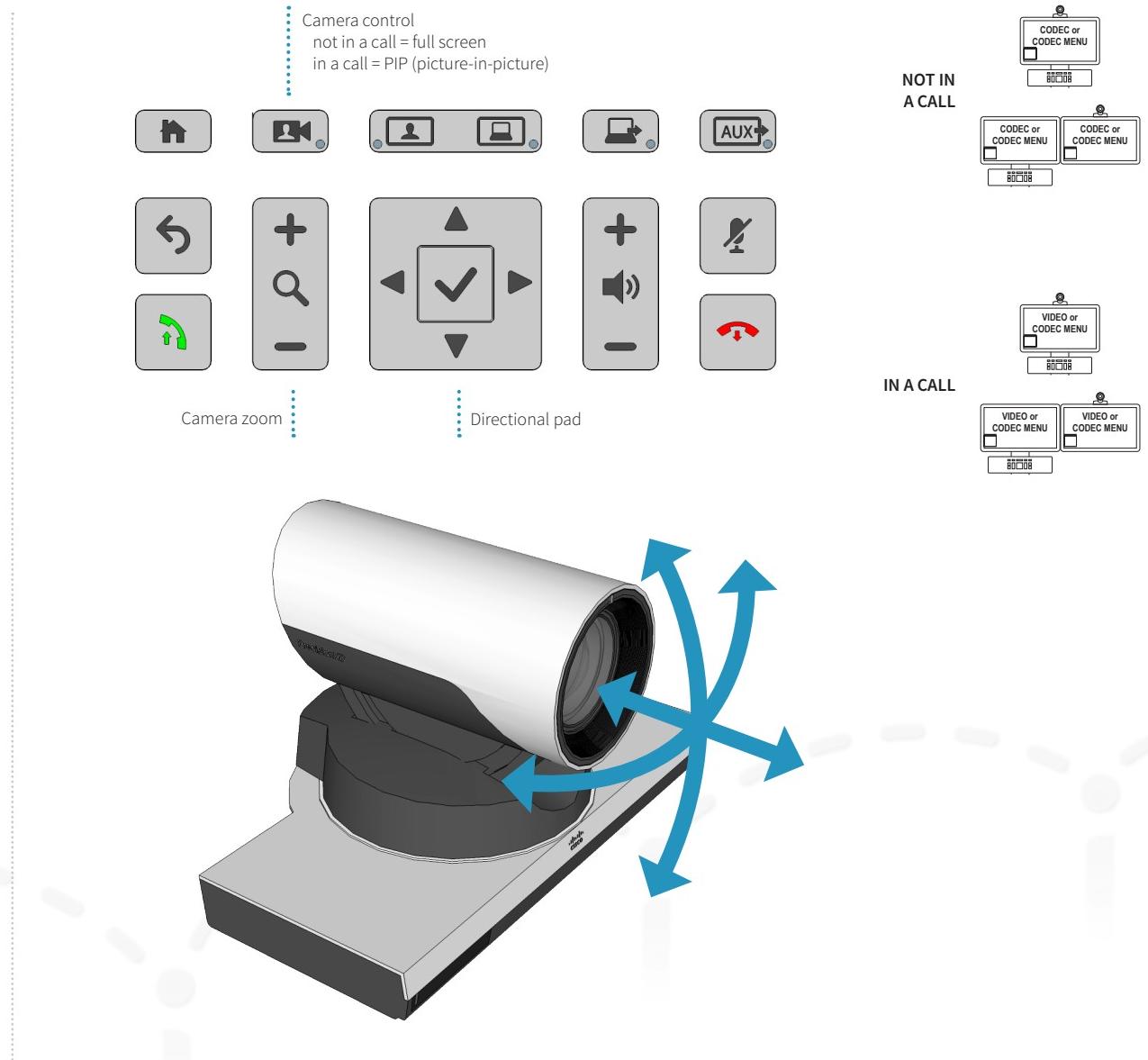
## Selfview

Selfview is the image remote participants will see of you — what is seen from your main camera.

Press CAMERA CONTROL on the system console to see your Selfview. You can adjust the camera's position and zoom with the Directional pad. The user-initiated selfview does not timeout.



When in a call, pressing CAMERA CONTROL will present your camera view as a PIP (Picture-in-Picture) at the lower right of the display.



# Controlling volume and microphone

The system microphone is located on the front of the display and is extremely sensitive. Do not block or cover the microphone.

The system automatically manages echo cancellation.

The system speakers are located at the bottom of the system console. This is to ensure that the console is protected from foreign objects, dust, or liquids.

## Adjusting the speaker volume

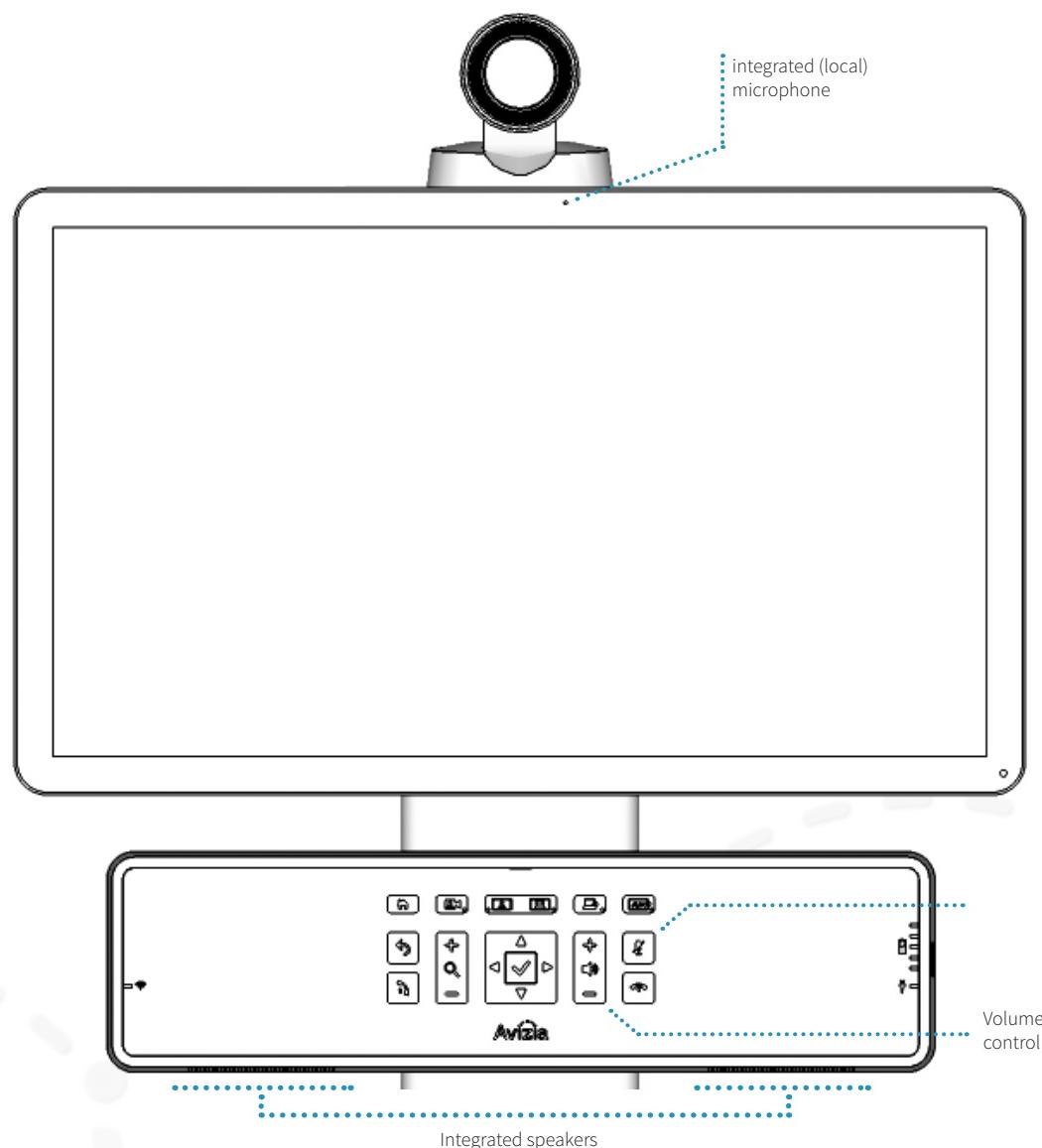
To adjust the volume, use the VOLUME CONTROL buttons on the console.

## Turning microphone on and off

To mute your microphone, press  (Mute) to prevent remote participants from hearing you. Press again to toggle the mic back on.



Pressing  (Mute) shuts off the internal (local) microphone only; all connected audio sources, such as a digital stethoscope or laptop audio, will continue to be heard during a call.



# Navigating the menus

The DIRECTIONAL BUTTONS on the CONSOLE provide navigational control when accessing the system menus. The accompanying remote control may also be used to navigate and control the system with its corresponding buttons.

Refer to the Cisco codec documentation for detailed information on advanced codec functionality, menu navigation, and using the remote control:

<http://cisco.com/go/sx-docs>

1. To show the system menu, press  (OK) at the center of the directional pad.

2. Use the arrow buttons to navigate through the menu structure.



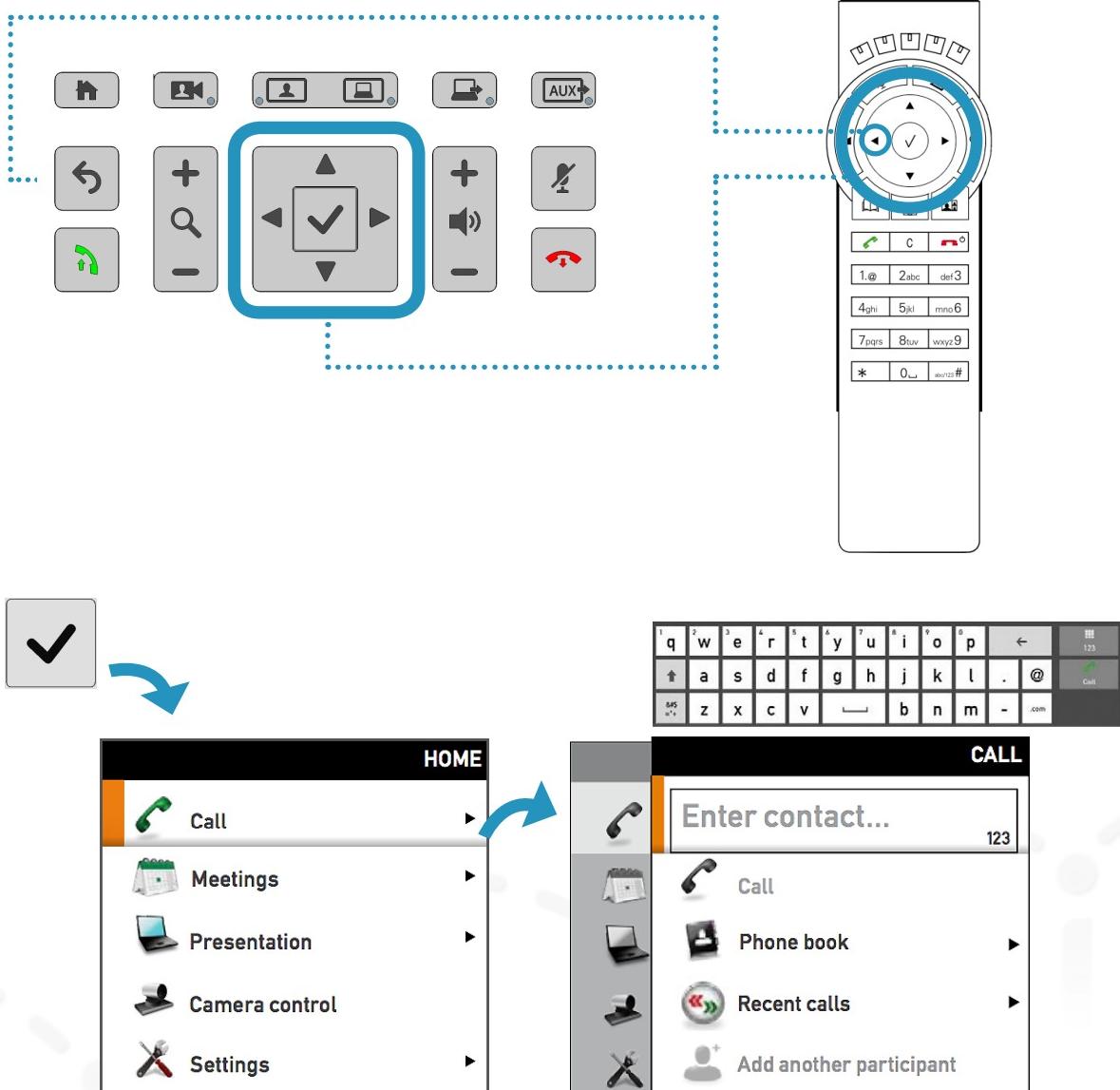
If a menu item shows an arrow, selecting RIGHT will navigate to the next menu level.

To "go back" in the menu structure, press LEFT or  (Back).

3. To type, use the onscreen keyboard or the keypad on the remote. Use the directional arrows to move to the appropriate letter, number, or symbol. Press  (OK) to select the desired character.
4. To quickly exit the menu structure, press  (Disconnect).



When navigating the menu structure while you are in a call, pressing  will not disconnect a call. Exit the menu system and then press  to disconnect a call.



# Making a video call

Press  (OK) to bring up the Main Menu and select CALL for options to enter a contact number or address, select a phone book entry, or select from the Recent calls list.

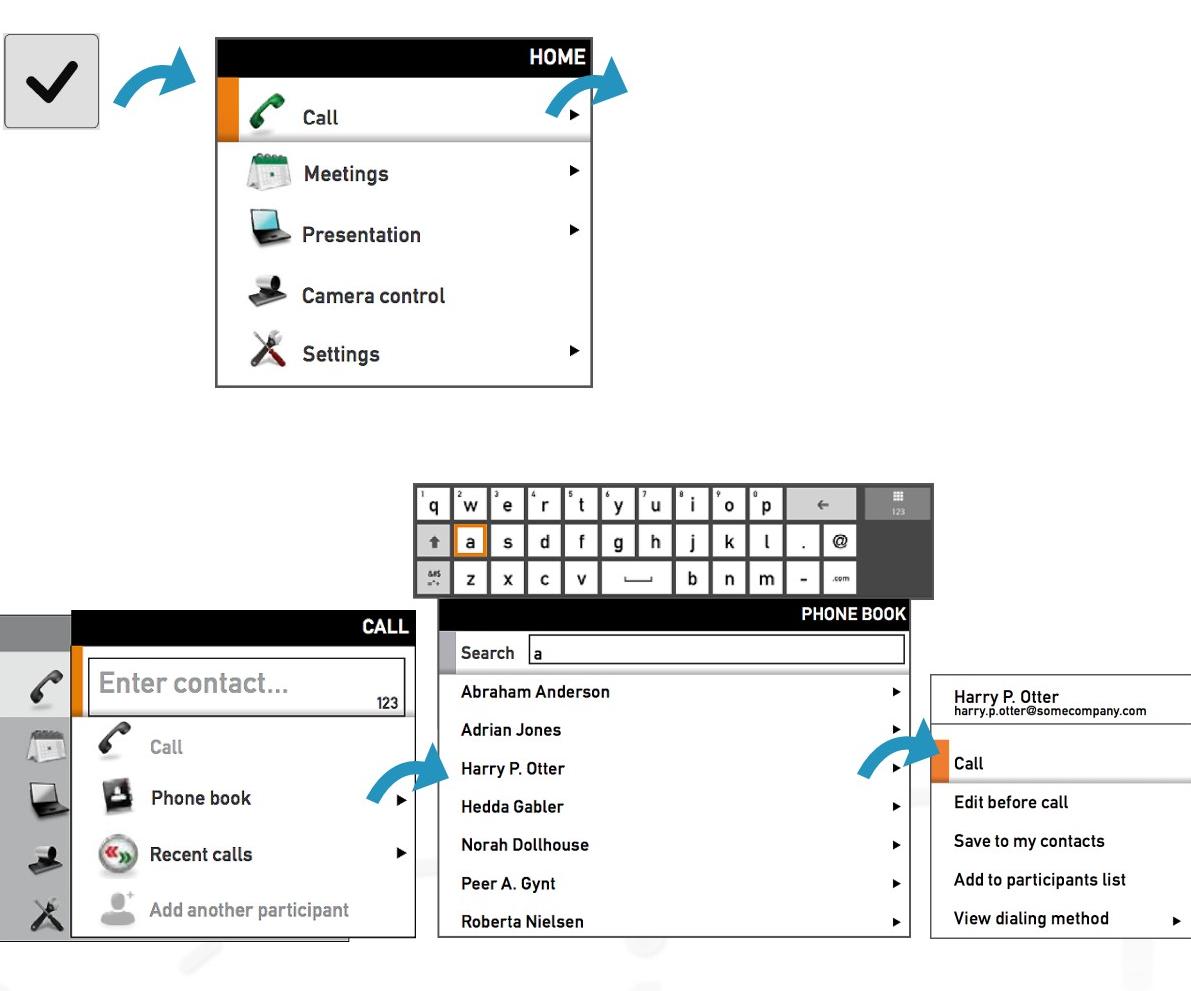
## Placing a call

Enter or select the contact to call and press  (Connect) to place a call.

Each contact can be edited, added to personal contact lists, or added as participants to a Multisite call (optional feature). This is done by selecting a contact entry and pressing RIGHT to see these additional entry options, as seen in the images on the right.

## Calling options

- Specifying name, number, or address:** You can place a call by entering the contact number or address directly.
- Using the phone book:** Navigate to Phone book by going to the Call menu option on the main menu. From the phone book, you can search, scroll through the directory, or create a directory entry, and then select the contact you wish to call.
- Use the Recent calls list:** A list of recent calls can be accessed, from the Call menu option on the main menu, as a streamlined alternative to manually entering the contact information or using the phone book directory. **TIP:** When not in a call and not in the menu system, pressing  (Connect) will take you directly to the Recent calls list.



# When in a video call

## Using the PC

The PC drawer option provides space to house an Ultra Small Form Factor (USFF) PC for integration with the CA750. The system is designed to allow the user to operate the computer and cart as a workstation, showing the computer desktop on the front display. The PC can also be shared to remote participants.

### Workstation mode

To use the user-integrated PC, press  (Workstation mode) to show the PC desktop on the cart's display.



On a dual display system, the PC will be seen on the cart's front display only. The second display will show video

### PC share

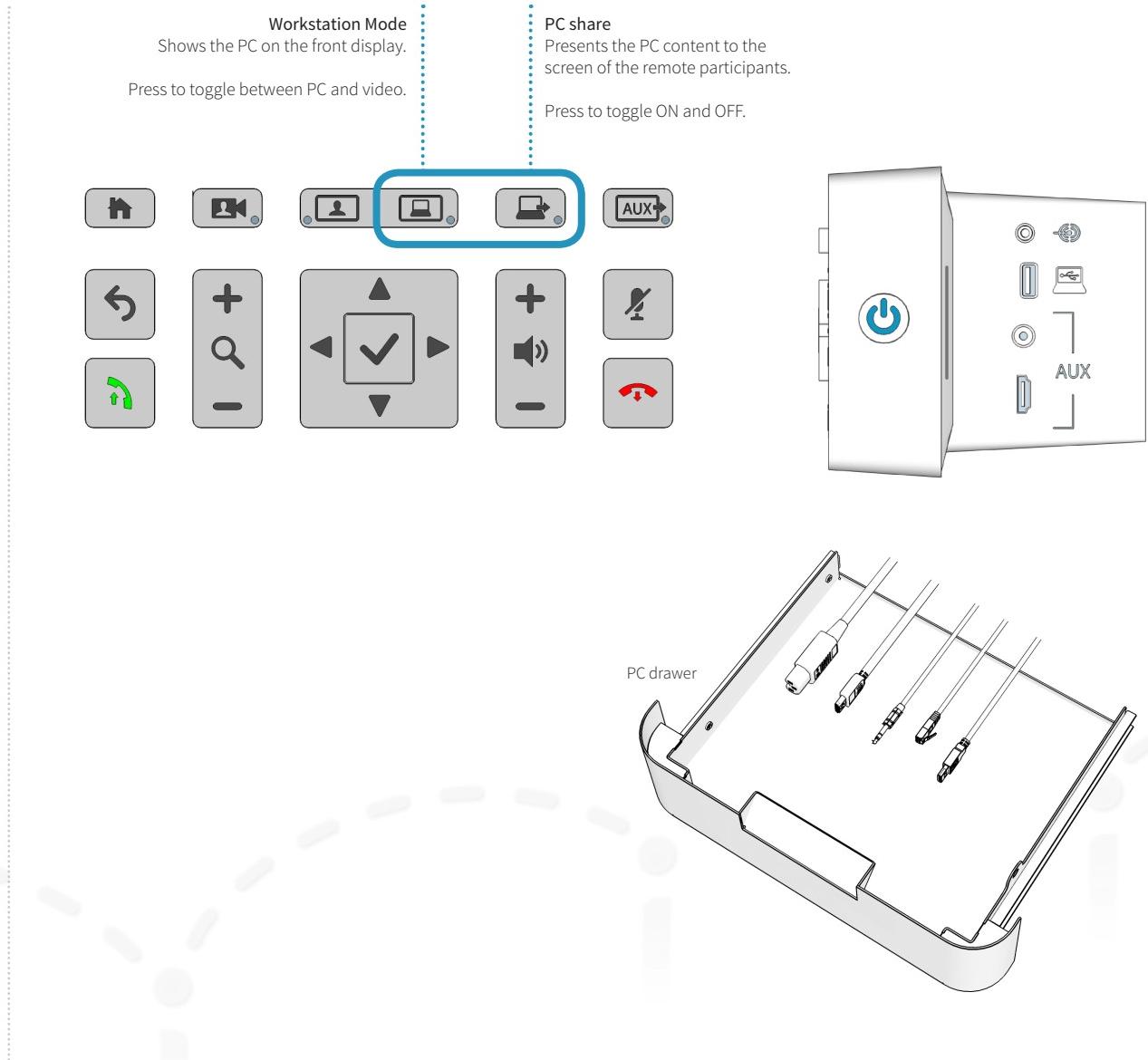
Press  (PC share) present the PC during a video call. The remote participants can now see the contents of your PC you are sharing.



On a dual display system, the PC will also be seen on the cart's front display only.



The PC HDMI connection does not support audio. To enable PC audio use the 3.5mm connector.



# When in a video call

## Presenting an auxiliary device

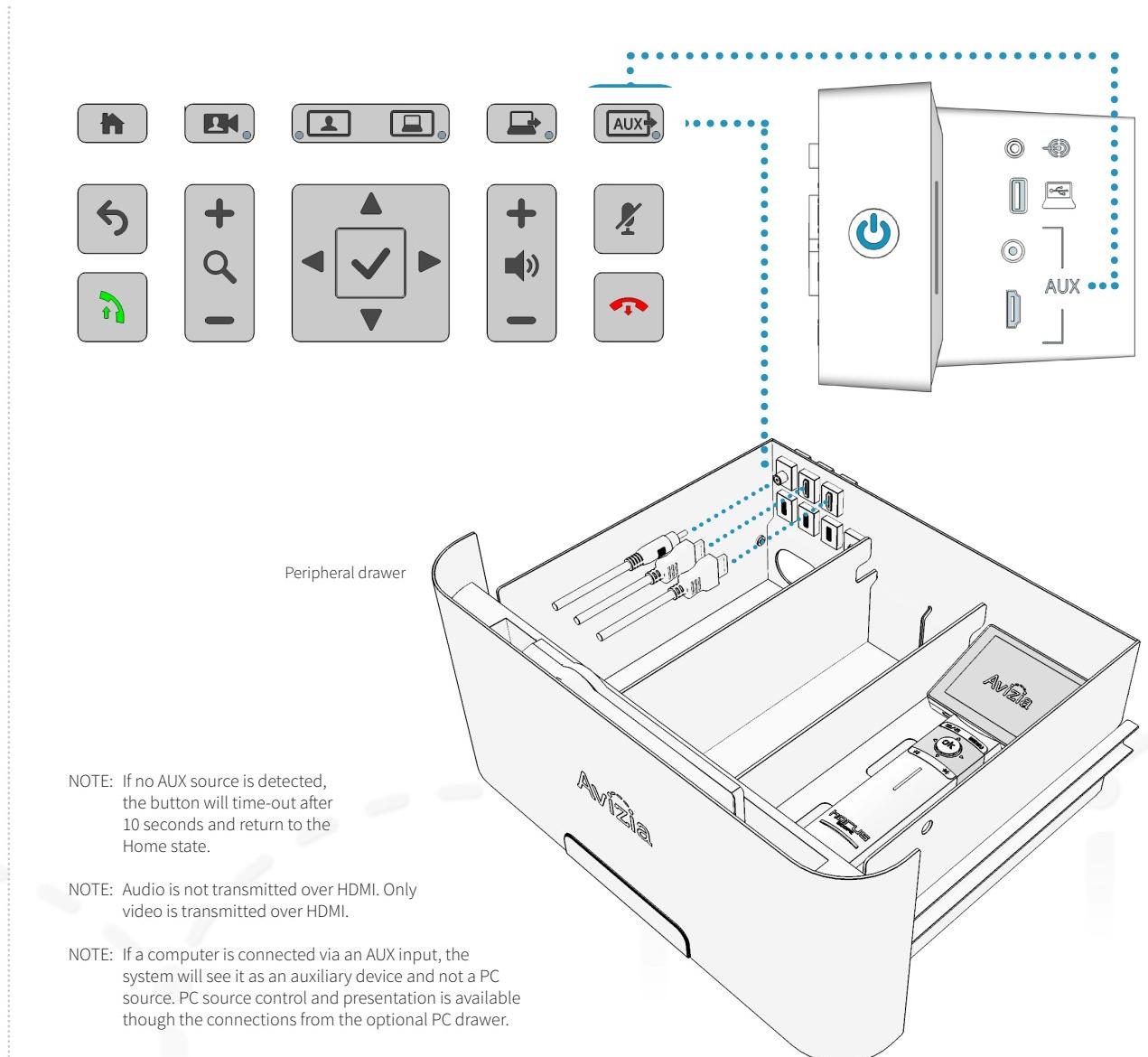
Optional AV devices for transmitting images and video can be connected to the CA750. These auxiliary sources can be connected simultaneously via the console and the peripheral drawer, however only one source may be presented at a time.

1. Connect auxiliary devices to the HDMI inputs and/or Composite inputs. Any device that provides video output and is connected to the system's HDMI or composite inputs can be displayed on the system: laptop computer, digital scope, examination camera, video feed from ultrasound, etc..
2. Press **AUX** (AUX) to present the contents of your device to the call participants. The system will detect the first active auxiliary source and the blue light on the button will indicate that the AUX source is presenting.
3. Press again to toggle through the connected devices. Ensure the AUX source(s) are appropriately powered and turned on to be viewed as the AUX source when selected.



There are five auxiliary inputs on the CA750 which toggle through a prioritization schedule:

1. Composite (SD) on console
2. HDMI (HD) on console
3. Composite (SD) in drawer
4. HDMI (HD) in drawer
5. HDMI (HD) in drawer
6. Default view (Home)



# When in a video call

## Presenting an electronic or digital stethoscope

The optional E-Scope II and other electronic or digital stethoscopes can be connected to the CA750 to transmit the corresponding audio to remote participants.

Connect the 3.5mm cable from the stethoscope or audio device to the 3.5mm audio input on the system. The audio from the device is now mixed into the video call.



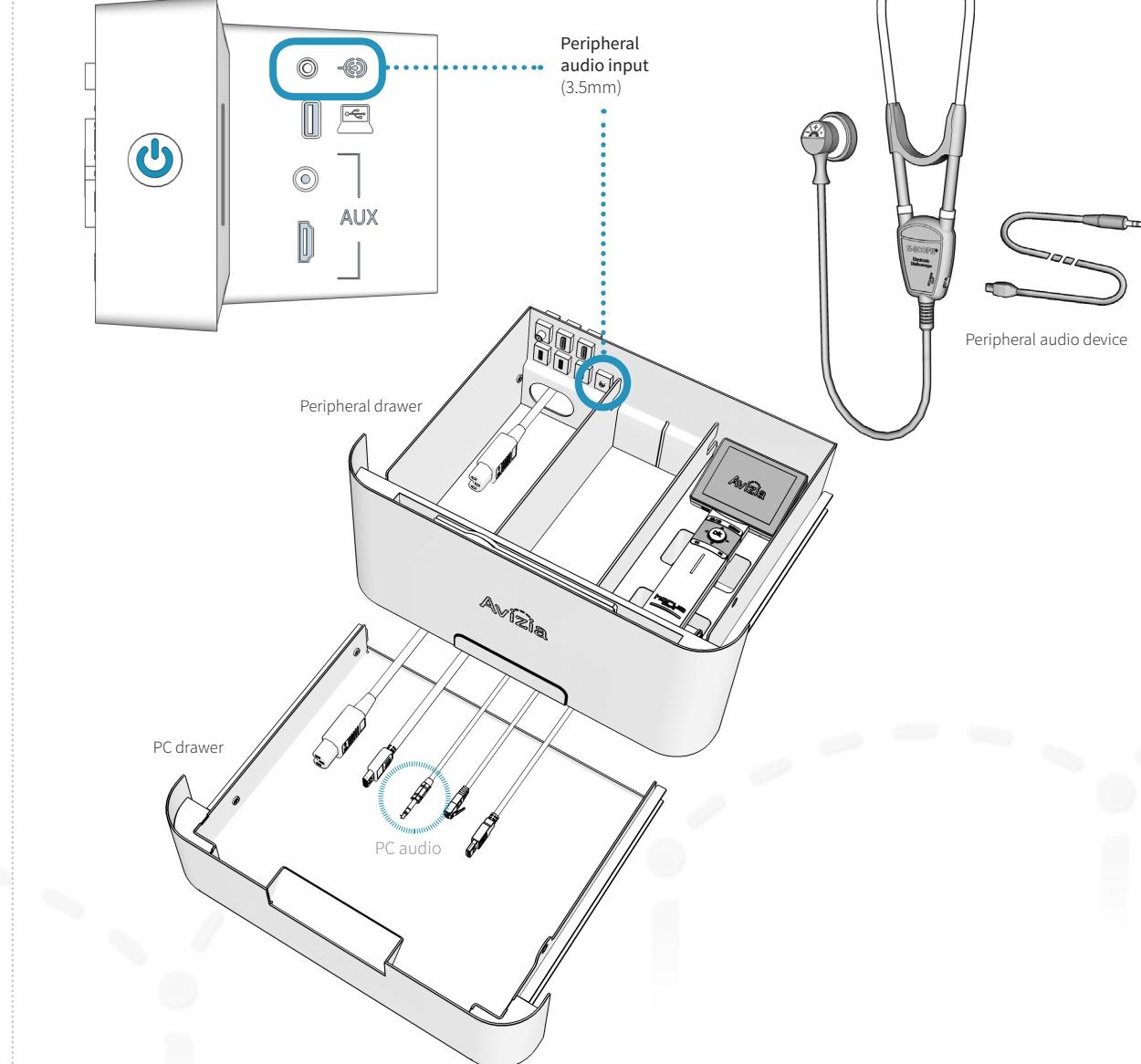
There are three audio inputs on the CA750. Each connected audio source will be mixed into the video call.

1. Peripheral Audio Input (console)
2. Peripheral Audio Input (drawer)
3. PC Audio Input (with PC drawer option)

Unplug any other audio connection(s) to present the desired audio without disruption from other sources.



The CA750 can experience audio distortions due to network latency, software/hardware malfunction, insufficient bandwidth, or for other reasons.



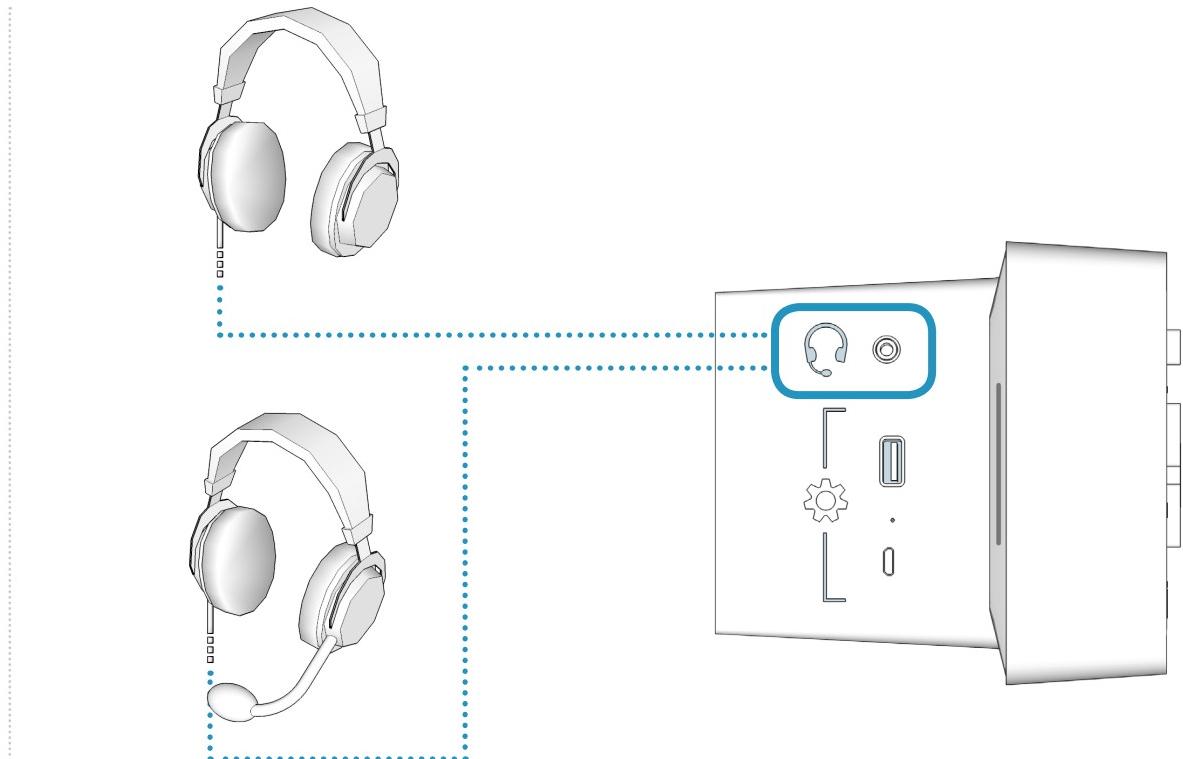
# When in a video call

## Using headphones or a head-set microphone

When in a call and privacy is desired, a standard 3.5mm headphone or a headset with an integrated microphone can be plugged into the CONSOLE to provide audio output.

When plugged into the Console, all audio will be directed through the headphones and speaker audio out of the Console will be turned off.

If you are using a headset with a microphone then the integrated system mics will be muted and only the headset microphone will be mixed into the call.

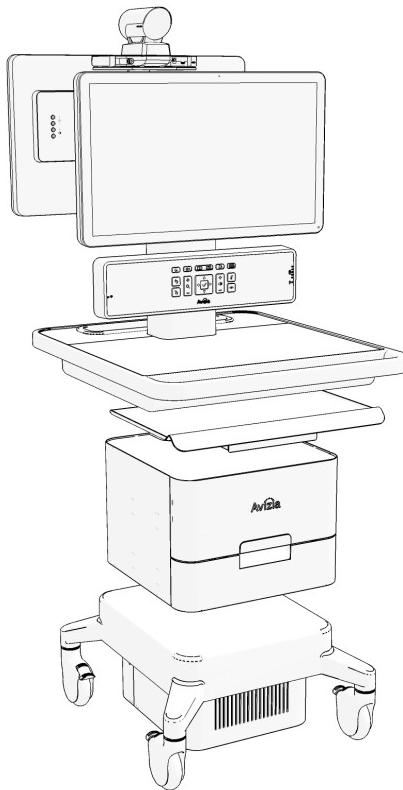


# Overview of typical display outputs

	<b>HOME (DEFAULT)</b> Press to reset what sources are being shared to the far end (remote participants). Also toggles the codec menu.	<b>CAMERA CONTROL</b> Toggles Selfview (what your camera sees). Use Arrows/Zoom to adjust camera.	<b>VIDEO MODE</b> Shows video on the display(s) to use the system as a typical videoconferencing unit.	<b>WORKSTATION MODE</b> Shows the PC on the front display to use the system as a workstation.	<b>PC SHARE</b> When in a call, this button shares the PC contents to the far end. You will see your content prominently with a smaller far end view.	<b>AUXILIARY SHARE</b> When in a call, this button shares auxiliary sources to the far end. You will see your content prominently with a smaller far end view.
NOT IN A CALL	 	 	 	 	 	 
WHEN IN A CALL	 	 	 	 	 	 

[ when in WORKSTATION MODE]

# Maintaining the system



- Displaying system information
- Cleaning and maintenance guidelines
- Battery guidelines
- Installing updates
- Factory defaulting the system
- Storing the system

# Displaying system information

There are several Console button combinations you can perform to provide specific information pertaining to your CA750 cart. Press and hold any of the following combinations for about three seconds to view the appropriate dialogue box. Press  (OK) to close the information window.

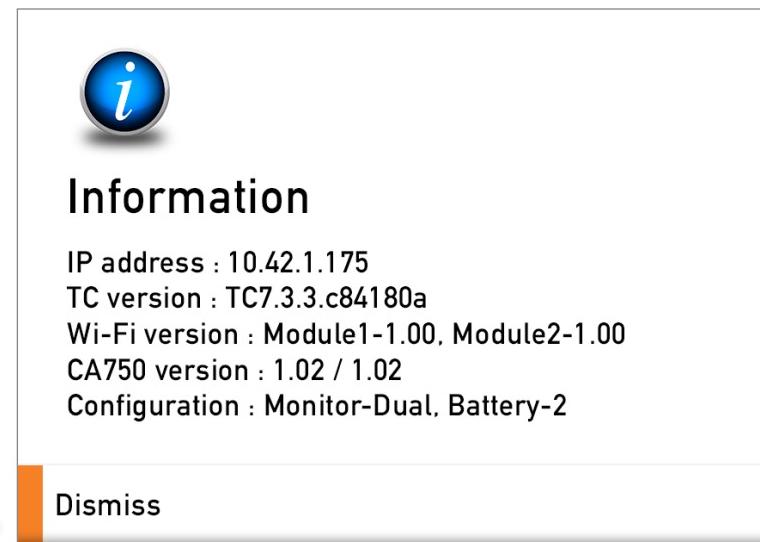
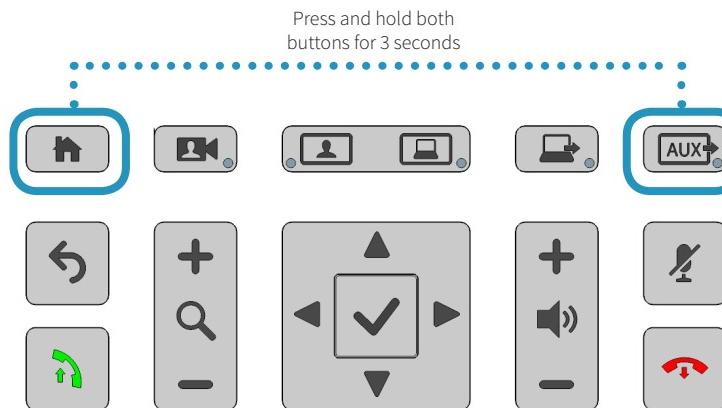
## System Information: Home + AUX



## Wi-Fi Information: Home + Video Mode



## Serial and MAC Addresses: Home + PC Share



# Cleaning and maintenance guidelines

## Cleaning the system

The surface materials of the CA750 are durable and easy to maintain. Follow the general cleaning guidelines, found to the right.

## Maintaining the system

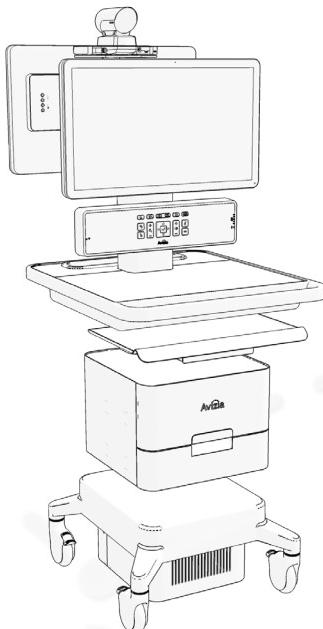
The CA750 is designed with minimal maintenance requirements. However, a yearly check on system fasteners and cables (screws, nuts, bolts, cables) will ensure that the CA750 is in good operating order.



Avizia will make available, on request, such circuit diagrams, component part lists, descriptions, calibration instructions or other information which will assist appropriately qualified technical personnel to repair those parts of the equipment which are classified by Avizia as field repairable.

### LCD monitor and Camera

- Always disconnect your monitor's power from the system before cleaning. Clean the camera and LCD monitor surface with a lint-free, non-abrasive cloth. Avoid using any liquid, aerosol or glass cleaners.
- Slots and openings on the back or top of the cabinet are for ventilation. They must not be blocked or covered. Your monitor should never be placed near or over a radiator or heat source, or in a built-in installation unless proper ventilation is provided.
- Never push objects or spill liquid of any kind into this product.



### System

- All surfaces — painted and plastic cart components — will withstand cleaning by commonly available multi-purpose surface cleaners.
- To avoid risk of electric shock, do not expose electrical components to water, cleaning solutions or other potentially corrosive liquids or substances.
- Do not immerse system or system components in liquid or allow liquids to flow into the cart. Wipe all cleaners off surface immediately using a damp cloth. Thoroughly dry surface after cleaning.
- Do not use flammable cleaners on cart surfaces due to close proximity of electrical power and equipment.
- Never use steel wool or other abrasive materials that will damage the surface finish.
- Do not use strong solvents such as trichloroethylene and acetone. These solvents will damage the surface finish.
- It is recommended that any cleaning solution be tested on a small, inconspicuous area to ensure surface is not harmed.

# Battery guidelines



This system contains no user-serviceable parts.

## Remote control

Batteries for the Remote Control are Long Life Alkaline batteries; please follow guidelines on the packing material for handling and disposal of the batteries.

CAUTION

RISK OF EXPLOSION IF BATTERY IS REPLACED BY AN INCORRECT TYPE. DISPOSE OF USED BATTERIES ACCORDING TO APPROPRIATE LOCAL REGULATIONS.

## Rechargeable system battery

The system enclosed rechargeable battery (LiFePo) in this product is non-user replaceable and should be removed by a qualified service technician only.

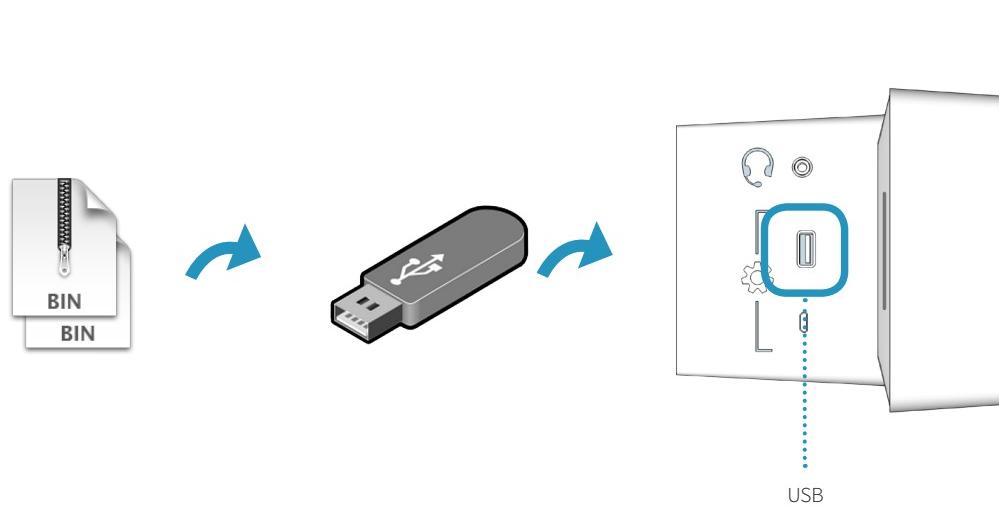
# Installing updates

Identify what versions of firmware are currently installed on your system by simultaneously pressing  +  for three seconds. This will bring up information about system firmware versions:



To update the firmware for the CA750:

1. Download the appropriate firmware file(s) to your computer from <http://avizia.com/firmware>.
  2. Place the file(s) into the ROOT directory of a USB thumb/flash drive. Note that the USB drive must be formatted as FAT or FAT32.
  3. Ensure the CA750 is powered on and in an idle state (not in a call). Insert the USB drive into the USB port on the side of system console and wait 5-10 seconds for an update prompt.
  4. Use the directional pad to select YES and follow the onscreen prompts to update the firmware item(s).
-  The update process may take a little over two minutes to complete.
5. You can remove the USB drive once the system has rebooted and you see the default codec screen.



# Factory defaulting the system

Should a need arise to remove ALL system configuration settings, press and hold the following buttons at the same time for 5 seconds:

BACK + MAKE CALL + MUTE + DISCONNECT

The source selection LEDs will light up one by one and blink three times before the entire system reboots.

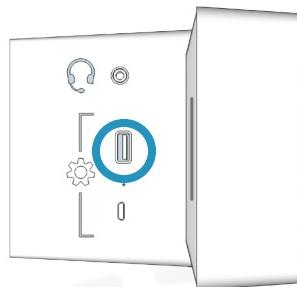
Once the system has fully booted up, it is ready for setup and configuration.

 For a wired network connection only: Do not forget you must manually register the Cisco codec to the CUCM and ensure that the SERIAL PORT setting is set to OFF.

The Wi-Fi configurations can be reset by pressing the following for about three seconds:

BACK + MIC MUTE

To power-cycle the cart, use the end of a paperclip or something similar, and insert into the Pinhole on the side of the Console.



**WARNING:** Ensure that any connected devices requiring power is turned off before power-cycling the system. All connected devices requiring power will lose power when the system is power-cycled.

# Storing the system

## Short-term storage

If the system is to be stored for a relatively short period of time, we recommend that the system be plugged in to an electrical outlet during storage. This ensures that the internal battery maintains a full charge and is ready when needed.

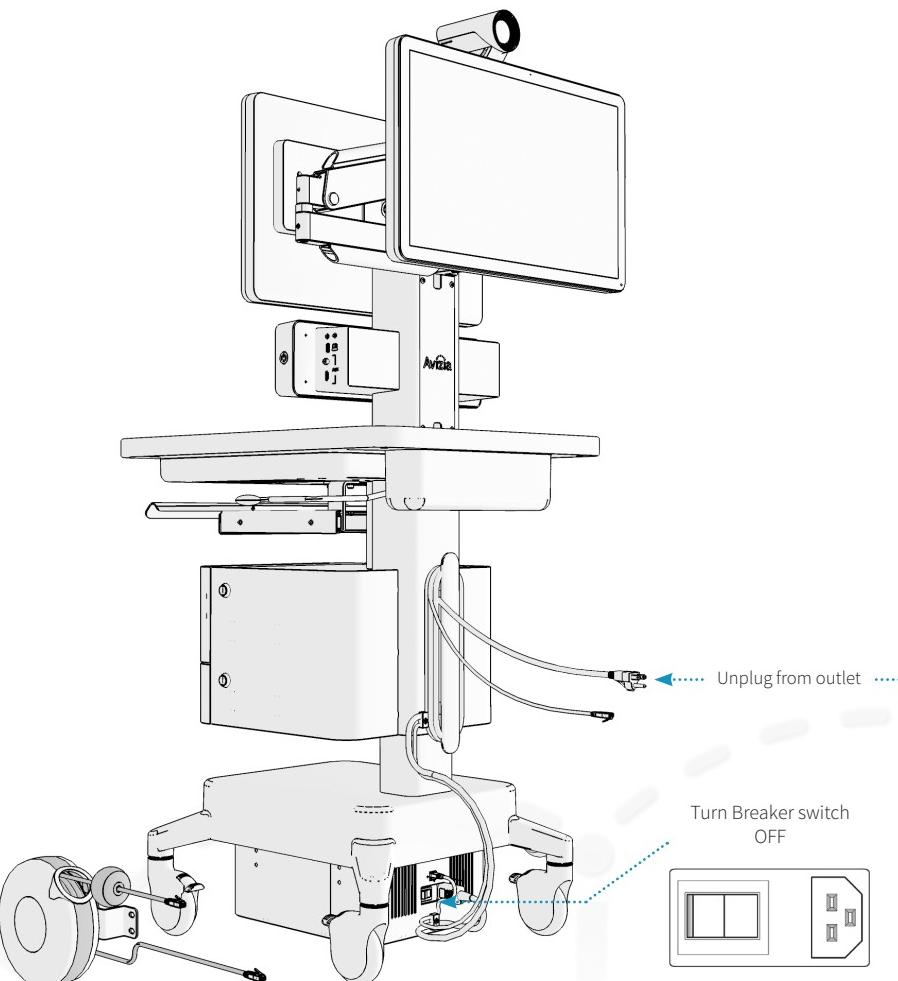
## Long-term storage

If the system is to be stored for an extended period of time, we recommend you place the system into “deep sleep” mode:

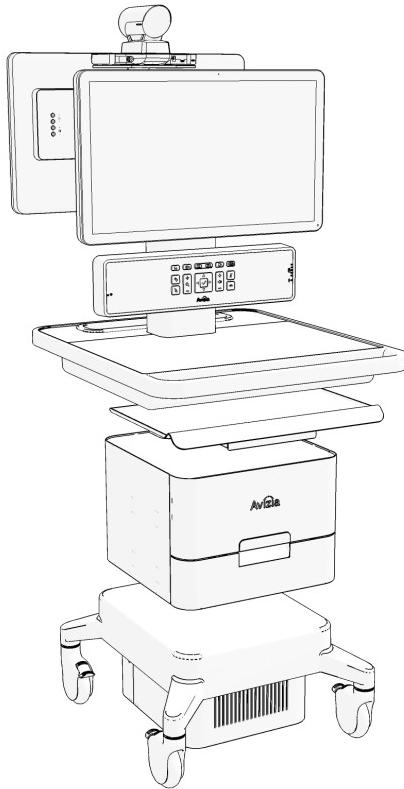
1. Disconnect the system from AC power:
  - Unplug from electrical outlet
  - Place the Breaker switch at the base of the cart to the OFF position.
2. Press the  (Home) +  (Disconnect) buttons simultaneously for about 3 seconds until the system turns off. This will prevent the battery from keeping the system powered.
3. Wrap power cord on the cable wrap.
4. Secure or appropriately store peripheral devices and cables.
5. Store the system in a cool, dry environment.



The battery will lose some charge if stored for an extended period of time. Ensure the battery is sufficiently recharged before running the system on battery power.



# Troubleshooting



## I can't turn the system on.

- Make sure the system breaker switch is in the ON position. This switch is by power inlet connector found at the base of the cart. Then, press the Power button on the right side of the console until the button illuminates blue.
- Ensure the power cord is properly connected to the system and to the AC outlet. You should see the LED power indicator on the front of the console illuminate blue.

## Why is the screen black?

- Ensure the system is powered on and the display's power cord and HDMI cable are properly inserted. Press the display's power button to turn on.
- The display setting may have been changed or set incorrectly:
  1. Ensure the display's HDMI cable is properly inserted.
  2. Press and hold the system power button on the side of the console until the blue LED turns off.
  3. Wait a few seconds and turn the system back on. The HDMI setting on the display should be automatically reset and no longer show a black screen.

- Pressing the PC or AUX source buttons when there are no devices connected to the corresponding connections will result in a black screen. The PC and AUX sources will time out after 10 seconds and return to the Main camera (default) view.

## I can't make a video call.

- Ensure the system has network connectivity:
  - check Ethernet connection
  - check wireless connection and/or the wireless configurations
- Make sure the system codec's network configurations are properly set and registered. Contact your network administrator or refer to the Cisco SX20 codec documentation at:  
<http://cisco.com/go/sx-docs>

## When I try to show my laptop or other device I get a black screen.

- Check that the video cable from the laptop or device is in the appropriate connection on the console.
- Make sure the laptop display setting is appropriately configured to mirror or extend to another display.

# Product Specifications

## AVZ-CA750-1-IP40

Avizia Clinical Assistant 750 - Single Screen with Drawer Module - includes integrated SX20 Codec, PHD camera (8X), single 24" HD LED monitors, peripheral device drawer with integrated power and inputs, foam drawer insert for Horus Scope, remote control, premium resolution software option, 4-hour battery, wired networking and integrated Wi-Fi.

## AVZ-CA750-2-IP40

Avizia Clinical Assistant 750 - Single Screen with PC Cabinet - includes integrated SX20 Codec, PHD camera (8X), single 24" HD LED monitors, PC Cabinet, peripheral device drawer with integrated power and inputs, foam drawer insert for Horus Scope, remote control, premium resolution software option, 4-hour battery, wired networking and integrated Wi-Fi.

## AVZ-CA750-3-IP40

Avizia Clinical Assistant 750 - Dual Screen with PC Cabinet - includes integrated SX20 Codec, PHD camera (8X), dual 24" HD LED monitors, PC Cabinet, peripheral device drawer with integrated power and inputs, foam drawer insert for Horus Scope, remote control, premium resolution and dual display software options, 4-hour battery, wired networking and integrated Wi-Fi.

## OPTIONS

- Dual display with articulating arm
- Additional 45 Ah Lithium Iron battery
- MultiSite for SX20 Codec
- Lockable PC cabinet
- Keyboard tray
- Retractable cable reels (power, Ethernet)

## VIDEO

- Cisco SX20 codec with 8x Precision HD camera

## DISPLAY

- 24" HD LCD (with integrated mic)
- 2nd 24" HD LCD (option)

## CONTROL OPTIONS

- Button panel with call, menu, camera and content control
- Cisco IR remote (use is optional)

## VIDEO INPUTS

- Three HDMI (fourth included in PC cabinet option)
- Two SD (composite)
- Four USB 3.0 routable to PC (three in peripheral drawer)

## VIDEO OUTPUT

- One HD (internal HDMI for 2nd display option)

## AUDIO INPUT

- Mic (integrated)
- Three 3.5mm

## AUDIO OUTPUT

- Speakers (integrated)
- One 3.5mm (integrated headphone and mic jack)

## NETWORK

- Wired Ethernet (10/100/1000 Mbps)
- Integrated Wireless (option) (2.4 GHz and 5 GHz, 802.11 a/b/g/n, WEP/WPA/WPA2, 802.11x LEAP, PEAP, TTLS, FAST)
- Will support client certificate loading in the future.

## POWER SHARING

- Two IEC-C13 120VAC connections (third included in PC cabinet option)
- Four USB 3.0 (three in peripheral drawer)

## STORAGE

- Lockable drawer (13"x 10"x5.25")
- Bin (13.25"x2.75"x2.75")
- Lockable PC cabinet (option) (13.25"x2.75"x2.75")

## HEIGHT ADJUSTMENT

- 10" (24.5cm)

## POWER

- 45 Ah Lithium Iron battery provides 3-4 hr. of power
- Additional 45 Ah Lithium Iron battery provides 6-8 hr. of power (option)

## CLEANABILITY

- Edge-to-edge glass displays
- Anti-microbial work surfaces
- Downward facing speakers (no speaker grill on front)

## PHYSICAL DIMENSIONS

- Width: 23" (58.5cm)
- Depth: 27" (68.6cm)
- Height: 60-70 in. (152.4-177.8 cm)
- Weight:
  - 180 lbs. (without options)
  - 215 lbs. (with 2nd display and PC cabinet)
  - 230 lbs. (with 2nd display, PC cabinet, and 2nd battery)

## OPERATING TEMPERATURE AND HUMIDITY

- 50 to 95°F (10 to 35°C) ambient temperature
- 20 to 90% relative humidity (RH)
- Atmospheric pressure: 700 to 1060 hPa

## STORAGE AND TRANSPORT TEMPERATURE

- 14 to 140°F (-10 to 40°C) at RH 10 to 80% (noncondensing) at RH 20 to 90%
- Atmospheric pressure: 700 to 1060 hPa

## APPROVALS AND COMPLIANCE

- ANSI/AAMI 60601-1-3rd edition
- CAN/CSA-C22.2 No. 60601-1:2014
- Compliance with FCC 47 CFR Part 15 Class A
- FDA Class I Medical Device Data System (MDDS)
- Medical Device Directive EN 60601-1 Class I Equipment

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WARNING: This product contains chemicals known to the State of California to cause cancer and birth defects or other reproductive harm.



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# Exhibit K

TELEMEDICINE CART  
**American Well 760**



# American Well 760 Cart

American Well®

# At a Glance

**Save patients' lives by providing timely care in life-threatening situations**

The **American Well 760** telemedicine cart is an FDA Class I medical device designed to bring remote specialists to support acute care teams on-site. The cart's intuitive interface allows for immediate use by medical teams in acute situations and its superior camera supports the remote physician in quickly diagnosing the patient and recommending a treatment.

## THE 760 CART FEATURES:

- New Cisco Webex Codec Plus
- Easier controls with the Touch 10 panel
- Higher performance camera with 20x zoom

TELEMEDICINE CART

**American Well 760**

# Extensions

## **Grow your telehealth program –**

Launch new telehealth services by adding new workflows to the device at any time.

## **Designed around you –** Run your telehealth programs on American Well's telehealth platform or within an existing Cisco infrastructure.

## **Superior experience for remote providers** – Full control of the camera and 20x zoom improve the remote providers' ability to diagnose the patient with the same precision as in-person care.

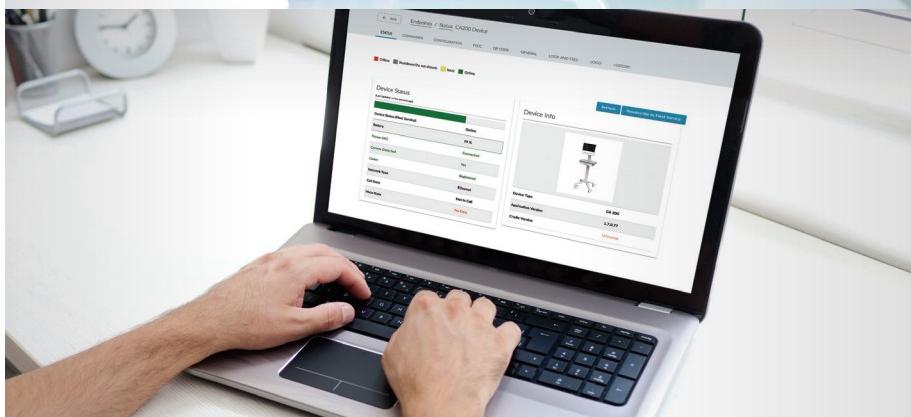
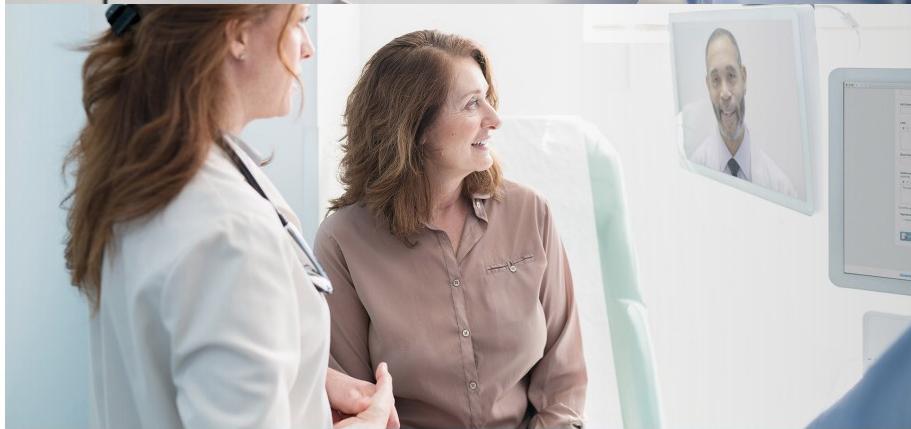
## **Intuitive touchscreen interface**

- An improved touchscreen user interface enables simple dialing and peripheral control.

## **Worry-free Fleet Monitoring –**

Ensure your telehealth solution is up and running at all times by tracking the status of your devices, enabling auto-alerts and proactively responding to support needs.

Remote device management service available to monitor your carts 24/7/365.



# Features

## SAFETY

- FDA Class I Medical Device Data System (MDDSS)
- ANSI/AAMI 60601-1-3rd edition
- CAN/CSA-C22.2 No. 60601-1:2014
- Compliance with FCC 47 CFR Part 15 Class A
- Medical Device Directive EN 60601-1 Class I Equipment

## DIMENSIONS

- 70.5" (179 cm) Max. Height (adjustable)
- 23" (58 cm) Width
- 27" (69 cm) Depth

## CODEC & CAMERA

- Cisco Webex Codec Plus (CE9)
- Pan-tilt-zoom camera with far end camera control
- Precision 60 20x zoom camera  
Increased image clarity with f/2.8 lens

## DISPLAY

- 24" (61 cm) Edge-to-Edge Glass LCD Display (with integrated microphone\*)
- (option) 2nd 24" (61 cm) Edge-to-Edge Glass LCD Display (with integrated microphone)

## CONTROL OPTIONS

- Touch 10 panel

## VIDEO INPUTS

- 3 – HDMI (4 with PC cabinet option)
- 2 – SD (composite)
- 4 – USB 3.0 (3 in drawer)

## VIDEO OUTPUTS

- 1 – HD (HDMI) Audio Input

## AUDIO INPUT

- 1 - Mic (integrated, 2 with 2nd display option) 3 – 3.5 mm

## AUDIO OUTPUT

- Downward Facing Integrated Speakers
- 1 – 3.5mm

## NETWORK

- Wired (10/100/1000 Mbps Gigabit Ethernet)
- Integrated Wireless (2.4 GHz and 5 GHz, 802.11 a/b/g/n, WEP/WPA/WPA2, 802.11x LEAP, PEAP, TTLS, FAST)

## POWER

- 45 Ah Lithium Iron battery provides 4 hrs
- 2nd 45 Ah Lithium Iron battery for 8 hr. (option)

## POWER SHARING

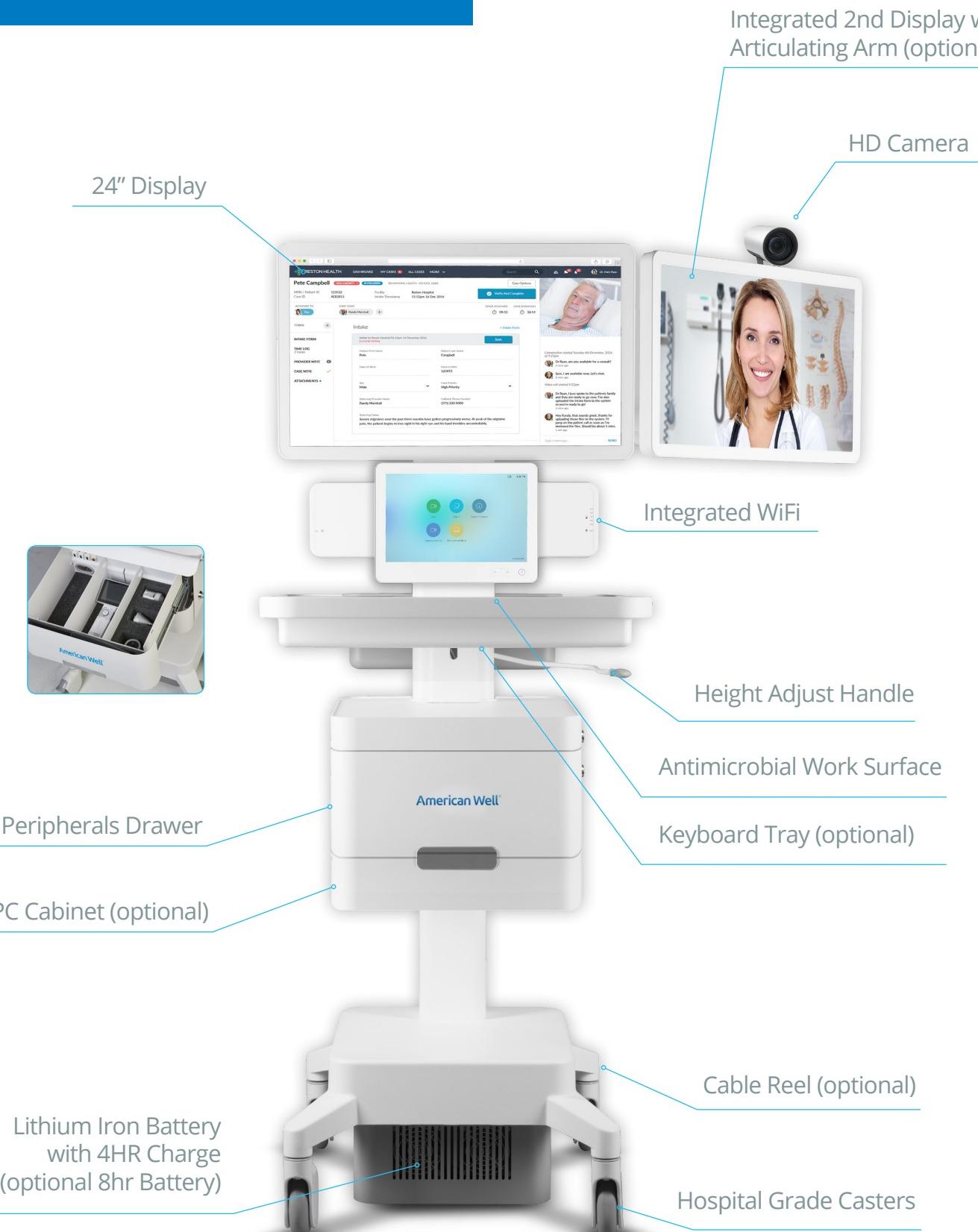
- 2 – IEC-C13 120V AC connections (3rd with PC cabinet option)
- 4 – USB 3.0 (3 in drawer)

## STORAGE

- Lockable drawer (13" x 10" x 5.25") (33 cm x 25.5 cm x 10.3 cm)
- Bin (13.75" x 2.75" x 5") (34.9 cm x 7 cm x 12.7 cm)
- Lockable PC cabinet (option) (13" x 11.75" x 3.25") (33 cm x 29.8 cm x 8.2 cm)

# TELEMEDICINE CART

# American Well 760



American Well®

## WHAT WE DO

American Well is a leading telehealth platform in the United States and globally, connecting and enabling providers, insurers, patients, and innovators to deliver greater access to more affordable, higher quality care.

American Well believes that digital care delivery will transform healthcare. The Company offers a single, comprehensive platform to support all telehealth needs from urgent to acute and post-acute care, as well as chronic care management and healthy living. With over a decade of experience, American Well powers telehealth solutions for over 130 health systems comprised of 2,000 hospitals and 55 health plan partners with over 7,000 employers, covering over 150 million lives.

For more information, please visit [AmericanWell.com](http://AmericanWell.com)

# Exhibit L

TELEMEDICINE CART

# American Well C250



Thousands of Providers,  
Unlimited Use Cases.  
All in One Cart.

American Well®



## SUPERIOR PROVIDER EXPERIENCE

This purpose-built cart comes pre-configured and will automatically display your active workflows so you can get started right away. Providers can start a telehealth consult with one touch and peripheral images are seamlessly integrated into the telehealth consult. Remote providers also benefit from having full control of the camera and 20x zoom to diagnose patients with the same precision as in-person care.

- Purpose-built operating system
- One-touch consult
- Peripheral integration
- 20x zoom camera
- Remote camera control

## EASY ACCESS TO THOUSANDS OF PROVIDERS

The American Well C250 cart connects you to not just your own providers, but to thousands of cloud providers in the Online Care Group or through ecosystem partners in The Exchange. The American Well software will look for available providers in the American Well provider network, dynamically route them to the cart and only display available providers on the cart's interface.

- Your own providers
- Online Care Group
- The Exchange
- Provider Service Organizations

## WORRY-FREE FLEET MONITORING

Ensure your telehealth solution is up and running at all times by tracking the status of your devices, enabling auto-alerts and over-the-air updates, and proactively responding to support needs. 24/7/365 management service is available as an add-on option.

- Full system control
- Seamless OTA updates
- Remote monitoring

# At a Glance

The **American Well C250** Telemedicine Cart is the first cart to connect you to the American Well provider network as well as to your own providers, giving you access to thousands of specialists on demand. This versatile cart supports every workflow, from patient triage to specialist consults, and is designed to help you scale your telehealth program.

## BENEFITS

- Access to American Well's provider network
- Start a telehealth consult with one touch
- Seamless integration of peripheral images
- New 20x zoom camera and remote camera control
- Fleet Monitoring



# Use Cases

## ED Triage

Divert select ED cases to onsite virtual visits on the C250 telemedicine cart and address increasing patient volumes and patient wait times in the emergency department to improve efficiency. With just one touch to start a virtual visit, the C250 simplifies ED staff connections to remote providers who can utilize tools like enhanced camera control and integrated peripherals to assess patients and enable a quicker discharge of the patient.

## Telestroke

Utilizing the C250 cart for telestroke care allows providers to more quickly diagnose and treat stroke patients. New cases can be created with one click to document vital information in the stroke intake form. The cart's agility and small footprint make it a great solution for busy emergency departments, allowing on-site staff the ability to move it quickly to where it is needed most. Enhanced camera control and 20x zoom enable the remote neurologist to examine the patient carefully and recommend the best treatment.

## Acute Behavioral Health

Increasing numbers of mental health patients presenting in the ED are driving demand for more efficient and flexible treatment solutions. The C250 telemedicine cart permits staff to bring in a psychiatrist with one touch. The agile cart can be easily moved in and out of treatment rooms to ensure patient safety. Leveraging American Well's provider network through the C250, health systems can address psychiatrist shortages, ensure better treatment for patients in mental distress, and reduce lengths of stay.

## School Health

Being able to access care in a school environment provides students and parents a convenient means of seeking care without missing school or work. The C250 telemedicine cart allows onsite staff to connect to a board-certified provider in American Well's provider network or to your own providers. The cart's user-friendly interface makes it easy to use, and the seamless integration of peripheral devices helps with diagnosis of illnesses and the treatment of chronic diseases.

## TELEMEDICINE CART

# American Well C250

### SAFETY

- Registered with the US FDA as a Class I Medical Device
- Compliant with FDA 21 CFR 820 Quality System Requirements
- Certified to the IEC 60601-1 Electrical Safety Standard
- Manufactured in ISO 13485:2016 certified production facility
- Certified to the FCC 47 CFR Part 15:Radiate Emissions

### DIMENSIONS

- 72" (182.88cm) max. height (adjustable)
- 19" (48.26cm) wide
- 21" (53.34cm) depth

### CAMERA

- Integrated or PTZ (optional)
- 10x or 20x zoom with PTZ option

### DISPLAY

- 13.3" Display
- Control option: Touchscreen (optional USB keyboard)

### INPUTS/OUTPUTS

- 4 - USB 2.0
- 1 - USB 3.0
- 1 - integrated microphone 3.5 mm

### NETWORK

- Wired Ethernet
- Integrated wireless (2.4 GHz and 5 GHz, 802.11 a/b/g/n/ac), WPA and WPA2, 802.1X (PEAP)

### POWER

- Lithium Iron battery provides 3 hrs

### STORAGE

- Lockable Drawer (7.5" x 11.5" x 2.25")



## WHAT WE DO

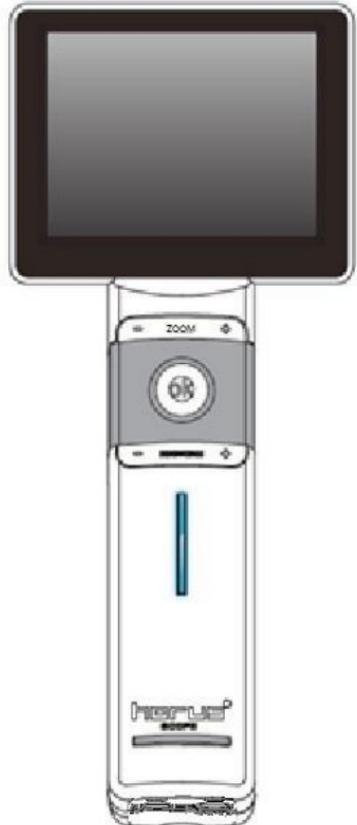
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American Well believes that digital care delivery will transform healthcare. The Company offers a single, comprehensive platform to support all telehealth needs from urgent to acute and post-acute care, as well as chronic care management and healthy living. With over a decade of experience, American Well powers telehealth solutions for over 130 health systems comprised of 2,000 hospitals and 55 health plan partners with over 7,000 employers – covering over 150 million lives.

For more information, please visit [AmericanWell.com](http://AmericanWell.com)

# Exhibit M

**JEDMED**



**Horus Scope  
Series 3  
User Manual**

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### Before use

Prior to installation and start-up of the Horus Scope, carefully read the user manual. As with all technical devices, the proper function and safety operation of this device depend on the user complying with the safety recommendations presented in these operating instructions. In addition, please make sure it does not appear damaged or broken. If there are breaks on the outer casing or other visual defects, please contact the manufacturer or a certified service facility.

- △ This device to be sold and distributed, and it should be used only by or on the order of a physician in hospital or Clinic.
- △ This instrument must not be used for the following patients:
  - Patients who are hypersensitive to light.
  - Patients who recently underwent photodynamic therapy (PDT).
  - Patients taking medication that causes photosensitivity.
  - Patients with a history of migraines.
  - Patients with a history of photosensitive epilepsy.
  - Patients with any kind of disease which could be induced by flash or strong light.

### Camera handling

Protect the camera from excessive vibration, force, or pressure.

- △ Avoid using the camera under the following conditions, which may damage the lens, the monitor, or the control unit and may also cause the camera to malfunction or prevent recording:
  - Dropping or hitting the camera against a hard surface.
  - Exerting excessive force on the lens or the monitor.

The camera is not dust resistant, splash resistant, or waterproof. Avoid using the camera in places with excessive dust or sand, or where water can come into contact with the camera.

- △ Avoid using the camera under the following conditions, which present the risk that sand, water, or foreign material entering the camera through the lens or gaps around buttons. Be especially careful because these condition may damage the camera, and such damage may not be repairable:
  - Operate in extremely dusty or sandy places
  - Exposing the camera to rain or moisture

### Condensation (when the lens or the monitor is fogged up)

- △ Condensation may occur when the camera is exposed to sudden changes of temperature or humidity. Avoid these conditions because they may soil the lens or the monitor, cause mold, or damage the camera.
- △ If condensation does occur, turn off the camera and wait for about two hours before using it. Once the camera adjusts to the surrounding temperature, the fogging will clear naturally.

### Safe eye screening

- △ While no acute optical radiation hazards have been identified with the camera, it is recommended that the intensity of light directed into the patient's eye be limited to the minimum level necessary for diagnosis. Infants, aphakes, and persons with diseased eyes are

at greater risk. The risk may also be increased if the person being examined has had any exposure to the same instrument or any other ophthalmic instrument that uses a visible light source within the previous 24 hours. This will apply particularly if the eye has been exposed to retinal photography. The intended use of this device is for routine ophthalmic exams of typically less than 60 seconds per eye. While any medical procedure has its benefit versus risk factor, more complicated exams should not exceed three minutes of exam time within 24 hours. Significant use of this device beyond its intended use is not recommended as it may cause harm to the eyes.

- ⚠ During the operation of using the camera, please follow the below instructions.
  - Always use the camera or accessories in accordance with the directions and recommendations contained in this user manual.
  - When operating the device, please make sure that the optical lens does not touch the eyes or nose of the patient in order to avoid harm.
  - For illumination and photography with the camera, do not select an exposure higher than required. Do not shine light on the eye beyond the recommended time during examination. Otherwise, the examined eye may experience pain or be injured.

#### **No compensation for missed shots**

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- ⚠ We cannot compensate for missed shots if technical problems with the camera or card prevent recording.

#### **Usage cautions and notes**

---

##### **When in use**

- ⚠ The camera may become warm if used for long periods of time, but this is not its fault.
- ⚠ Keep the camera as far away as possible from electromagnetic equipment (such as microwave ovens, TVs, video games, etc.).
- ⚠ Do not use the camera near radio transmitters or high-voltage lines.
- ⚠ Never leave the camera and the battery in a car or on a car hood in the summer. Doing so may cause leakage of the battery electrolyte, overheating, fire, or a battery explosion due to the high temperature.
- ⚠ If the fundus lens and control unit get wet, do not attempt to dry with a heater, microwave, autoclave, or UV light.
- ⚠ Do not extend the supplied cables. Do not keep the power cord near any heat source.
- ⚠ When the camera is not in use, please disconnect the power plug and keep it in a safe place.
- ⚠ In any operating conditions, the camera can be returned to the photo mode is regarded as the normal state.
- ⚠ The eye cannot be exposed to the illumination light of DOC 100S/300S, DDC 100/200 and DGC 100 at operation.

##### **Charging the battery**

- ⚠ The time required for charging varies depending on the conditions of battery usage. Charging takes longer at high or low temperatures and when the battery has not been used for some time.
- ⚠ The battery will get warm during charging and for some time thereafter.
- ⚠ The battery will be drained completely if not used for long periods of me, even after being charged.
- ⚠ Only use Li-ion Battery 3.6V / Capacity 3350mAh which shall be provided by the manufacturer or distributors. The battery has designed the protection circuit. To ensure the

safety of the product operation, if the battery reaches its life time, please contact the manufacturer or distributor to buy the spare battery.

#### **NOTE**

***The battery cannot be affected by external force impact. Its appearance cannot be damaged. If the battery is broken or damaged by external force, DO NOT USE to avoid dangerous.***

#### **Memory cards**

- △ If you purchase different memory capacity of memory card, must be preceded format to FAT32.
- △ To prevent damage to cards and data:
  - Avoid high temperatures, direct sunlight, electromagnetic fields, and static electricity.
  - Do not bend, drop, or expose to strong impacts.
  - Do not touch the terminals or allow them to become dirty or wet.
  - When operating this device, please do not remove or insert the memory card.

When disposing of/transferring memory cards:

- △ If using the "format" or "delete" functions on your camera or computer, this only changes the file management information and does not completely delete the data from the memory card. When disposing of or transferring your memory cards, we recommend physically destroying them or using commercially available computer data erasing software to completely delete the data from the card. Data on memory cards should be managed responsibly.

#### **Accessories**

About the slit lamp jig:

- △ Attach the slit lamp jig only to slit lamp equipment that has been qualified by JEDMED. Make sure the jig is completely locked by pushing it downward.
- △ The slit lamp jig is only suitable for 39-7428.

#### **Protection**

- △ Do not attempt to remove the cover from the product to prevent the product from malfunctioning.
- △ No modification of this device is allowed. The performance would be subject to any modification and may cause hazardous radiation exposure.

#### **EMC (electromagnetic compatibility)**

During installation and operation of the device, observe the following instructions:

- △ Do not use the device simultaneously with other electronic equipment to avoid electromagnetic interference with the operation of the device.
- △ Do not use or stack the device near, on, or under other electronic equipment to avoid electromagnetic interference with the operation of the device.
- △ Do not use the device in the same room as other electronic equipment, such as life-support equipment that has major effects on the life of the patient and results of treatment, or any other measurement or treatment equipment that involves small electric current.
- △ Do not use the system with portable and mobile radio frequency communication systems because that may have an adverse effect on the operation of the device.
- △ Do not use cables or accessories that are not specified for the device because that may increase the emission of electromagnetic waves from the device and decrease the immunity

of the device to electromagnetic disturbance.

- ⚠ Do not touch the lens connecting pins of the control unit or the signal pad of the lenses without special precautions.

### Cleaning and Disinfection

The device is a precision photo electronic instrument that shall be handled with specific care. Please note the following cleaning instructions:

- ⚠ Turn off the device before cleaning it.
- ⚠ Disinfect the control unit and charging station with CaviWipes and maintain 3~5 mins. Wait for the cleaning liquid to dissolve before turning the power on and connecting the charging station and USB cable to the control unit.
- ⚠ It is recommended to clean the fundus lens with a CaviWipes that is commercial product and be manufactured by THORLABS Inc. ([www.thorlabs.com](http://www.thorlabs.com)).
- ⚠ If a replacement for the eyecup or contact plate is needed, please contact the manufacturer or retailer. Clean the eyecup or contact plate before each use:
- ⚠ Disinfect the eyecup or contact plate with CaviWipes

### NOTE

***The device is not intended to be sterilized. Disinfect the control unit and charging station with CaviWipes).***

### Maintenance

- ⚠ Please check control unit and optical lens once every 3 months.

It is the health care provider to protect patient health information and to meet regulatory and HIPAA compliance. The images on 39-7420-3P may contain identifiable patient information and it is the responsibility of the health care provider to ensure that data safeguards are implemented to protect patient health information.

Please note that the actual controls and components, menu items, and other information of your camera may differ from those in the illustrations provided in these instructions.

### Operating Environment

- Ambient temperature: 10°C to +35°C
- Relative humidity: 30% to 90%
- Atmospheric pressure: 800hPa to 1013hPa
- Shock (without packing): 10G, duration 6ms

### Environment for Storage

- Ambient temperature: -10°C to +55°C
- Relative humidity range: 10% to 95%
- Atmospheric pressure: 700hPa to 1013hPa

### Environment for Transportation

- Ambient temperature: -40°C to +70°C
- Relative humidity range: 10% to 95%
- Atmospheric pressure: 500hPa to 1013hPa
- Vibration, sinusoidal: 10Hz to 500 Hz: 0.5G
- Shock: 30G, duration 6ms
- Bump: 10G, duration 6ms

***NOTE***

***It is recommended to remove the battery if the device is stored over two weeks.***

**Regulations**

- U.S. Federal law restricts this device to be sold and distributed, and it should be used only by or on the order of a physician in hospital.
- This device has been tested and found to comply with the limits for medical devices to the IEC 60601-1-2: 2014. These limits are designed to provide reasonable protection against harmful interference in a standard medical installation. If this device does cause harmful interference to other devices, which can be determined by turning the system off and on, the user is encouraged to try to correct the interference through one or more of the following measures: Reorient or relocate the receiving device.
  - Increase the separation between the system and other devices.
  - Connect the device to an outlet on a circuit different from that to which the other device(s) are connected.
  - Consult the manufacturer or field service technician for help.
- The International Electro Technical Commission sets the essential requirements for electrical and electronic equipment that may disturb or be disturbed by other equipment. The device complies with these requirements as shown in the tables in "Symbols and standards: EMC". Follow the guidance in the tables for use of the device in an electromagnetic environment.

## Names of components

### Scope of Delivery

Product Name	Model Name	Accessories
Control unit	39-7420-3P	1. Battery 2. Power adapter 3. Mini USB cable 1.8m (Shield) 4. Micro HDMI cable 2.0m (Shield) 5. Charging station 6. Memory card 7. Portable chin rest (Optional) 8. Image Management System, Model: SA 1 standalone (option) 9. Image Management System, Model: SB 1 (free download)
Digital Otoscope	39-7422-3P 39-7422-1	1. Specula (Disposable/Optional)
Digital eye fundus camera	39-7428	1. Eyecup
Digital Ophthalmoscope		2. Horus Portable Chin Rest 3. Slit-Lamp Jig (Optional)
Digital Anterior Scope	39-7431 39-7433-3P	1. Forehead(Optional)
Digital Dermatoscope	39-7424-2P 39-7424	1. Contact plate (Optional)
Digital Speculum	39-7426	
Horus Scope Adapter	Horus Scope Adapter	1. Coupler (Optional)

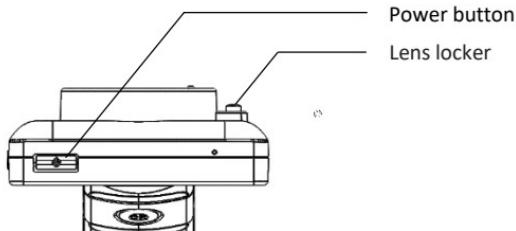
### Intended for use

It is the health care provider to protect patient health information and to meet regulatory and HIPAA compliance. The images on 39-7420-3P may contain identifiable patient information and it is the responsibility of the health care provider to ensure that data safeguards are implemented to protect patient health information.

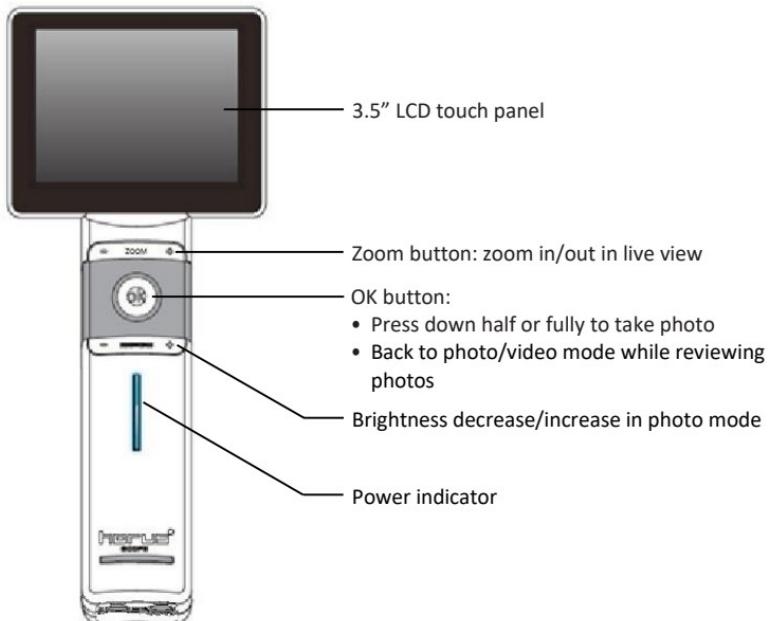
<b>Product name</b>	<b>Model Name</b>
<b>Control unit</b>	<b>39-7420-3P</b>
An interchangeable lens digital camera used to record digital photographs and video of human eye, human ears, human skin and human body.	
<b>Digital Otoscope</b>	<b>39-7422-3P</b> <b>39-7422-1</b>
A digital hand-held otoscope used to record digital photographs and video of the human ear's canal and tympanic membrane.	
<b>Digital Eye Fundus Camera</b>	<b>39-7428</b>
A digital hand-held eye fundus camera used to record digital photographs and video of fundus (including retina, macula and optic disc) of the human eye and surrounding area.	
<b>Digital Anterior Scope</b>	<b>39-7431</b> <b>39-7433-3P</b>
A digital hand-held anterior scope used to record digital photographs and video of anterior area of the human eye and surrounding area.	
<b>Digital Dermatoscope</b>	<b>39-7424-2P</b> <b>39-7424</b>
A digital hand-held Dermatoscope used to record digital photographs and video of the human skin.	
<b>Digital Speculum</b>	<b>39-7426</b>
A digital hand-held camera used to record digital photographs and video of the human body and oral cavity.	
<b>Horus Scope Adapter</b>	<b>39-7420-3P</b>
An adapter designed to connect the control unit of MiiS Horus Scope DSC 300P and the existing endoscope in the market. The assembly system (control unit & MiiS Adapter & existing endoscope in the market) can be used to record digital photographs and video of the human body.	

**Control Unit**

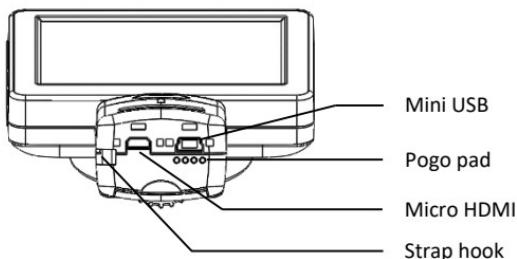
Top view &gt;&gt;



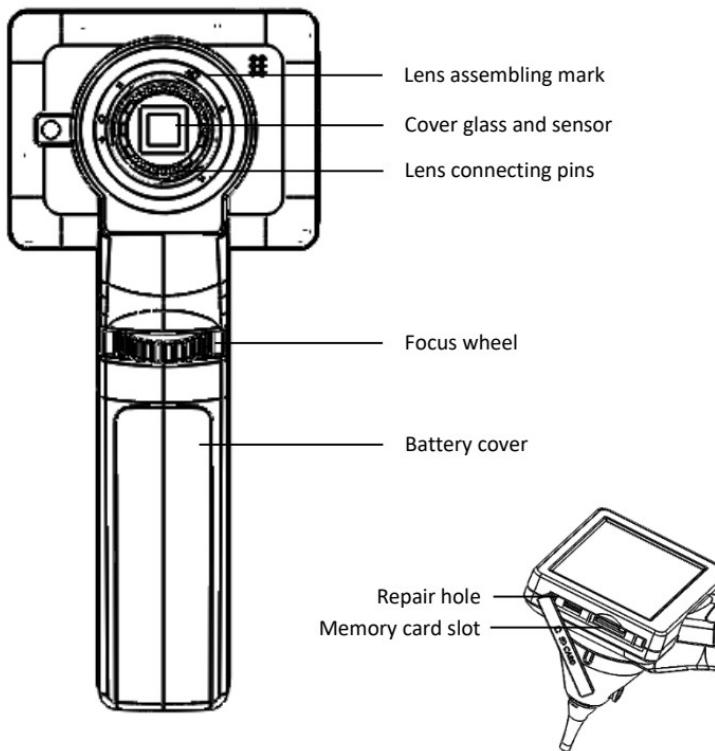
Front view &gt;&gt;



Bottom view >



Rear view >

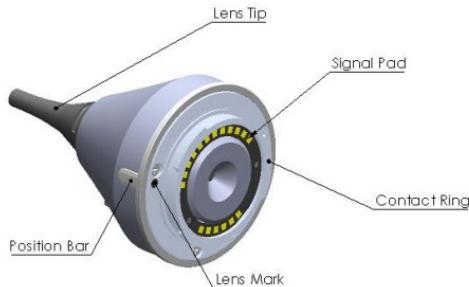


**Charging Station**



Introduction of scopes**Digital Otoscope****39-7422-3P**

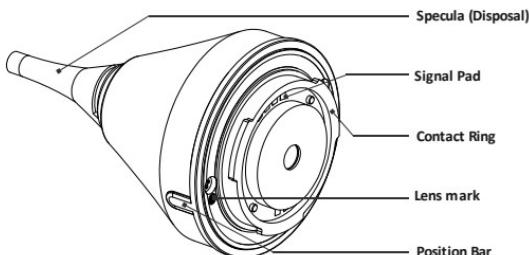
## Structure

**Technical Description**

Focus Range	7~20 mm (Typical)
Dimension	4.3 X 4.3 X 7 cm (Typical)
Weight	69 Grams (Typical)
Camera / video light source	Natural White Light Emitting Diode (LED)

**39-7422-1**

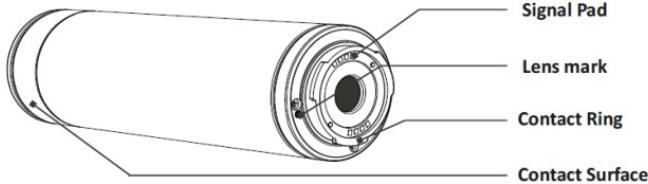
## Structure

**Technical Description**

Focus Range	5~50 mm (Typical)
Dimension	4.3 X 4.3 X 7 cm (Typical)
Weight	69 Grams (Typical)
Camera / video light source	Natural White Light Emitting Diode (LED)

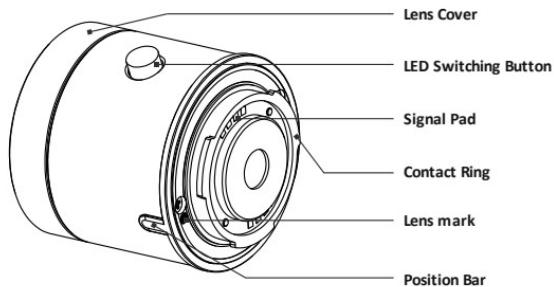
**Digital Eye Fundus Camera****39-7428**

Structure

**Technical Description**

<b>View Angle</b>	40 Degree (Typical)
<b>Diopter</b>	-20 ~ +20D (Typical)
<b>Dimension</b>	4.3 X 4.3 X 12.9cm (Typical)
<b>Weight</b>	141 Grams (Typical)
<b>Search Fundus Lighting</b>	Two modes, natural white Light Emitting Diode (LED) or infrared LED
<b>Camera / video flash light</b>	Natural White Light Emitting Diode (LED)

## Structure



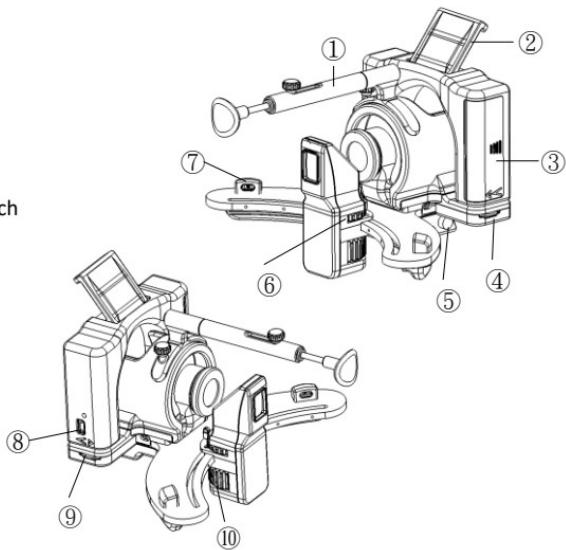
## Technical Description

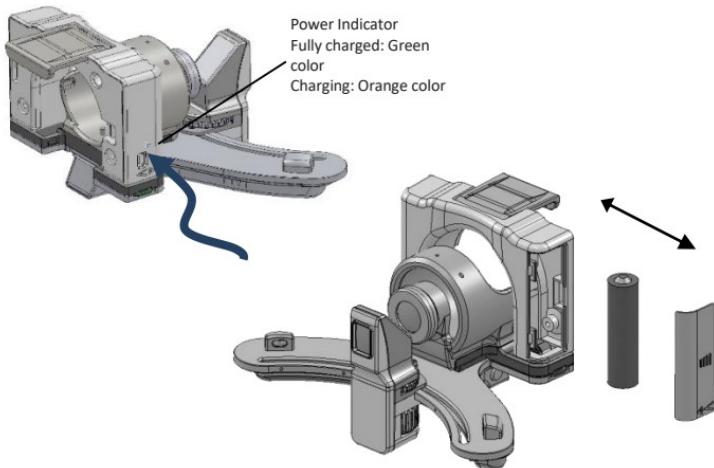
View Angle	11 mm (V)*19.6 mm (H)*22.47 mm (Diagonal) @ Working Distance 30 mm (Typical)
Dimension	4.3 X 4.3 X 4.5 cm (Typical)
Weight	91 Grams (Typical)
Camera / video light source	Natural White/Blue Light Emitting Diode (LED)
LED Switching Button	Switch to blue LED by the LED Switching Button to take fluorescence image of cornea.

## Illumination Light Source for Eye anterior illumination system

## Structure

- ① Forehead stopper
- ② Locking structure
- ③ Battery groove
- ④ Slit light control knob
- ⑤ Auxiliary light position switch
- ⑥ Filter wheel
- ⑦ Auxiliary lighting
- ⑧ Charge port
- ⑨ Auxiliary light control knob
- ⑩ Silt wheel



**NOTE**

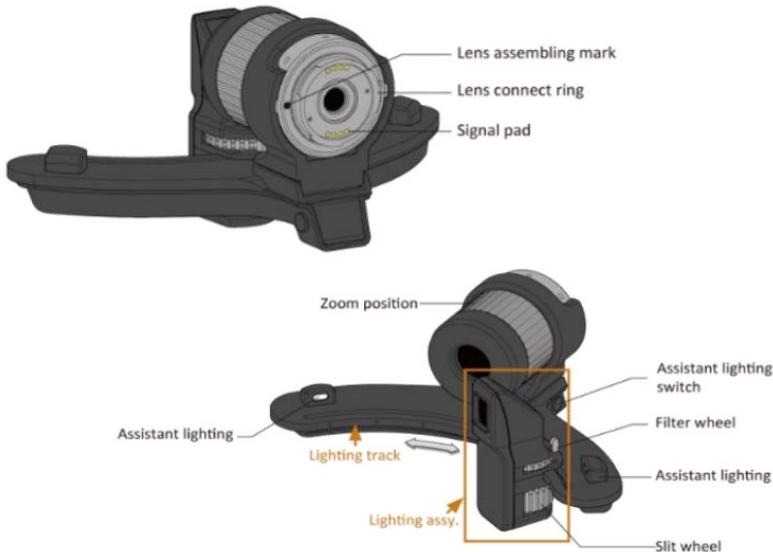
*If you connect the USB cable illuminator with a computer, please connect two USBs. If you use the power adapter to charge, just use one USB.*

**Technical Description**

View Area	25.02 mm (typ. ±5%)
Working distance	80mm
Illumination Angle (degrees)	± 45 degree (± 5%)
Slit Length(mm)	10 mm (± 10%)
Min Slit Width (mm)	<0.2 mm
Max Slit Width (mm)	Equal to slit length. (10mm)
Slit Width Selection	<0.2, 0.2, 0.5, 2, 5, φ10 mm
Filter	Transparent, Cobalt Blue, Red-free (Green)
Light	Conform to Group II of ISO 15004-2:2007(E)
Weight	345g (typ. , include Forehead stopper)
Dimension	178mm x 160mm x 107mm
Power source	Rechargeable Li-ion Battery 3.7V/800mAh (2.96Wh)
Operation time	90 minutes for continuously use

## Digital Anterior Scope

## Structure

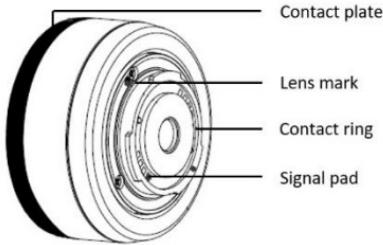


## Technical Description

<b>View Area</b>	Wind End (H) 23.88*(V) 17.71 mm (typ. $\pm 5\%$ ) Tele End (H) 11.88*(V) 8.91 mm (typ. $\pm 5\%$ )
<b>Working distance</b>	80mm (Typical)
<b>Illumination Angle (degrees)</b>	$\pm 45$ degree ( $\pm 5\%$ )
<b>Slit Length</b>	10mm (typ. $\pm 10\%$ )
<b>Slit Width Selection</b>	<0.2, 0.2, 0.5, 2.0, $\phi$ 10 mm
<b>Filter</b>	Transparent, Cobalt blue, Red-free (Green)
<b>Light</b>	Conform to group II of ISO 15004-2:2007
<b>Weight</b>	580 Grams (Typical)

**39-74247-2P**

## Structure

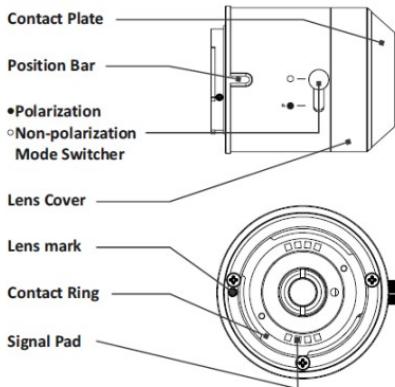


## Technical Description

<b>View Angle</b>	20 mm diameters (Diagonal) (Typical)
<b>Dimension</b>	5.5 X 5.5 X 3.45 cm (Typical)
<b>Weight</b>	65 Grams (Typical)
<b>Camera / video light source</b>	Natural White Light Emitting Diode (LED)
<b>Polarization function</b>	Polarized light changed by the icon on screen

**39-7424**

## Structure

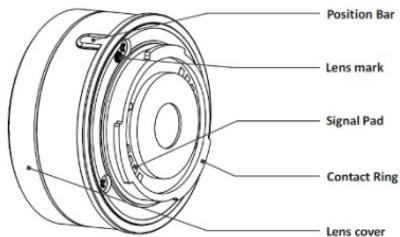


## Technical Description

<b>View Angle</b>	10 mm diameters (Diagonal) (Typical)
<b>Dimension</b>	4.5 X 4.5 X 5.6 cm (Typical)
<b>Weight</b>	114 Grams (Typical)
<b>Camera / video light source</b>	Natural White Light Emitting Diode (LED)
<b>Polarization function</b>	Polarized light changed by the switch on lens

## Digital Speculum

## Structure

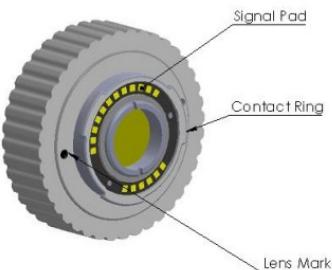


## Technical Description

View Angle	88 Degree (Diagonal) (Typical)
Dimension	4.3 X 4.3 X 2.4 cm (Typical)
Weight	48 Grams (Typical)
Camera / video light source	Natural White Light Emitting Diode (LED)

## Endoscope Adapter

## Structure



## Technical Description

View Angle	88 Degree (Diagonal) (Typical)
Dimension	4.3 X 4.3 X 2.4 cm (Typical)
Weight	48 Grams (Typical)
Camera / video light source	Natural White Light Emitting Diode (LED)

## Charging the battery

### Always charge before first use

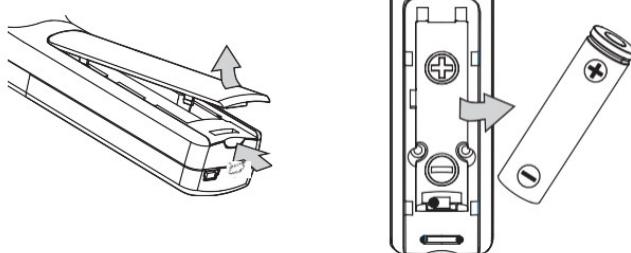
Prior to first use, insert the battery into the control unit and close the battery cover referred to the below section. Connect USB connector to the power adapter. Let the battery be charged for at least five hours.



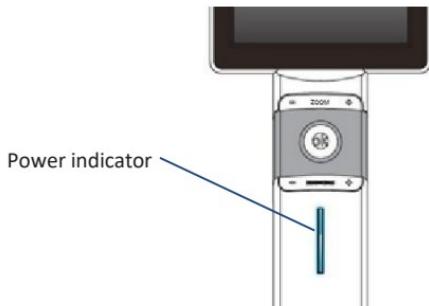
### Battery replacement

Open the battery cover by digging out the gap in the bottom of battery cover with a finger or something pointed.

- Tilt the battery cover and remove the battery cover by lifting it up.
- Remove the original battery and replace a new battery along the correct direction.
- Place the battery cover and secure it in place.



## Power indicator



System Status	Power off			Power on			
	Light color	No Light	Blinking blue Light	Orange Light	Blue Light	Blinking blue Light	Mixed blue and orange Light
Information	System off	Power less than 25%	Charging	Normal operation	Power less than 25%	Connect to PC via USB cable or enable USB live video	

## Assembling

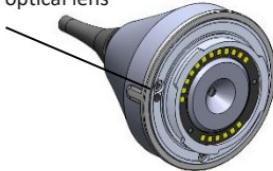
### Optical lens & control unit

(Take digital otoscope as an example.)

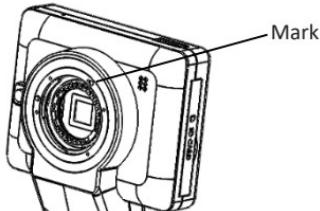
#### Step 1. ↘

Align the marks of the optical lens and control unit.

Mark on the optical lens

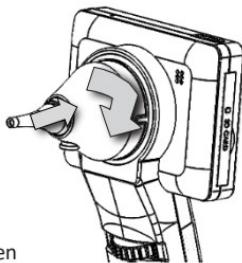


Mark



#### Step 2. →

Hold the optical lens and attach it to the control unit. Rotate and fasten the optical lens in a clockwise direction. You will hear a click when the lens locks into the control unit.



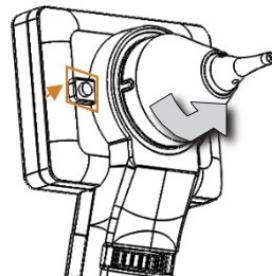
#### Step 3. ←

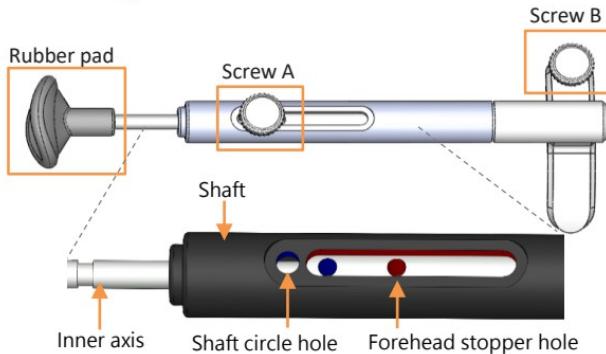
Turn on the power (→ 9). When optical lens and control unit are assembled correctly, the information icons will appear on the top of LCD touch panel. The screen will turn on, and then the blue light of the power indicator (→ 20) will also turn on.



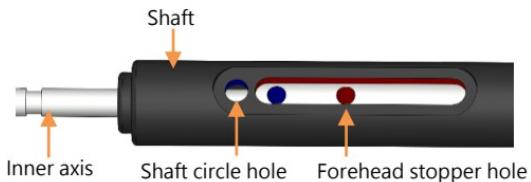
#### Step 4. →

To unlock the optical lens, press the lens lock and then rotate the optical lens in a counterclockwise direction. Then the optical lens will be unfastened.

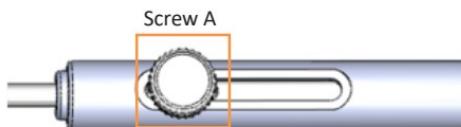


Forehead stopper assembly**Structure of forehead Stopper**

**Step 1:** Rolling the inner axis and the shaft to find out forehead stopper hole.



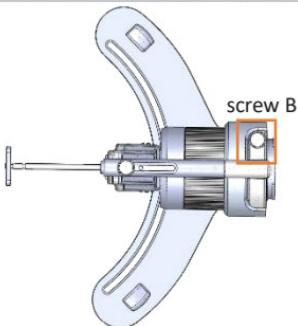
**Step 2:** Tighten screw A in clockwise direction to forehead stopper hole.



**Step 3:** Assemble rubber pad to the front end of inner axis.

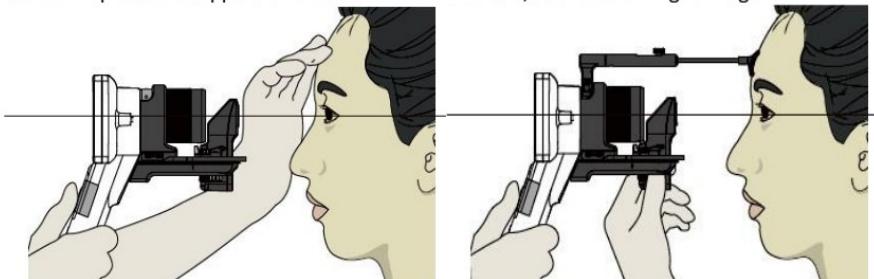


Step 4: Tighten screw B in clockwise direction to fix correction rod.



#### Holding position

Hold the control unit with one hand and use the other hand to hold the lighting track. Maintain the lens at the same height of the eye being examined. To stabilize the lens, rest the track on the part of the hand between the thumb and index finger and put your middle and index fingers on the examinee's forehead, as showed in the left image. Besides, using the accessory of forehead holder can replace the support on the examinee's forehead, as the below right image.



View the examined eye keeping the lens horizontal to the examined eye. Then move forward slowly until you can see the full exterior of eye in the controller screen. (For sanitary reasons, make sure the controller lens does not touch the patient's eyes or nose.)

Assembly of Horus Scope Adapter

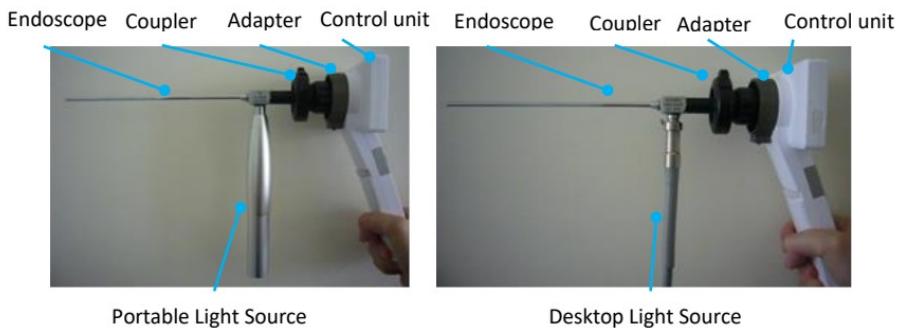
Step 1: Rotate the Coupler in clockwise direction to connect the "Horus Scope Adapter" and "Coupler", then connect the Endoscope and Coupler.



Step 2: Follow the Assemble in P.19 to fasten the Horus Scope Adapter to the Control Unit.



Step 3: Connect light source with endoscope. Horus Scope Control unit & Adapter & Existing endoscope, coupler and light source in the market.



Otoscope Specula Installation and Removal

Step 1: Put the specula on the tip of otoscope lens.



Step 2: Rotate the specula tightly to otoscope lens in clockwise direction.



Step 3: To remove the specula, rotate in counter-clockwise direction.



**Derm Contact Plate Replacement**

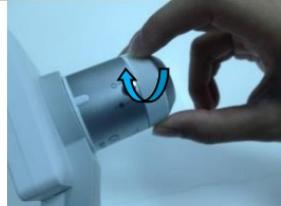
Step 1: Hold the white portion of DDC 100 lens, and rotate to loosen the contact plate module in counter-clockwise direction.



Step 2: Separate the white plastic parts, and use new one for replacement.



Step 3: Put contact plate module in front of derm lens, rotate tightly in clockwise direction.



**NOTE**

*Before replacement the contact plate, check the glass is clean. User can wipe clean with alcohol and dust-free paper whenever the glass is dirty or particle on it.*

Derm Contact Plate Replacement

Step 1: Hold the black portion of DDC 200 lens, and rotate to loosen the contact plate module in counter-clockwise direction.



Step 2: Separate the black plastic parts, and use new one for replacement.



Step 3: Put contact plate module in front of derm lens, rotate tightly in clockwise direction.



**NOTE**

*Before replacement the contact plate, check the glass is clean. User can wipe clean with alcohol and dust-free paper whenever the glass is dirty or particle on it.*

## Using the setup mode

### Turn on the power

To turn on the system, press the power button ( $\rightarrow$  10) to turn on the control unit. Approximately one to two seconds later, the boot screen will appear on the LCD panel.

Once the LCD panel shows the live image, it takes few seconds for the on-screen display (OSD) to be superimposed.

#### Note:

When below conditions occur, user needs to turn off the power and reassemble the optical lens and control unit.

1. Optical lens isn't correctly assembled to the control unit.  
→ When turning on the device, the device stays at boot screen and can't enter to control interface.
2. The black screen appears on the LCD panel during operation.  
→ Please check the optical lens is well-assembled to the control unit.

### A. Digital Otoscope

Digital speculum

Digital Anterior Scope

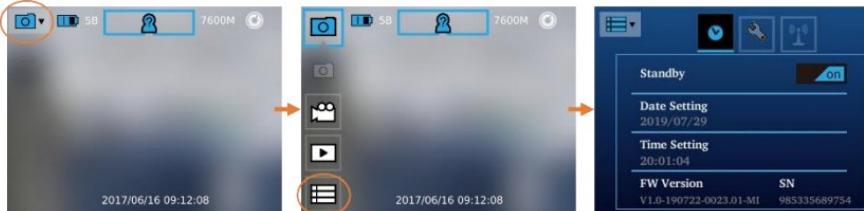
Endoscope adapter

### Enter the Setup mode

#### Using the [Setup] menu

It is recommended that all setting items are set according to user's requirements for first time use.

#### Bring up the [Setup] menu



### Exit the [Setup] menu

Once a setting adjustment is made, the new value affects the system immediately. Use the upper back button or the OK button to exit the screen.

**Settings****[ILS mode]**

User can touch ILS icon to change to ILS mode when the device is assembled with illuminator.

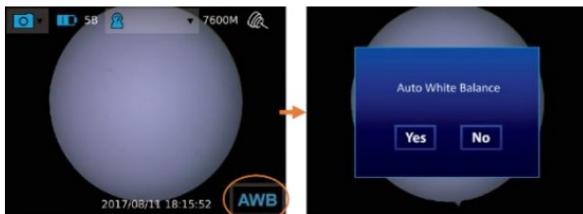
**NOTE**

**ILS mode only can be used when the device is assembled with illuminator.**

**Auto White Balance**

Using the auto white balance function to remove unrealistic color casts.

Aiming the endoscope lens at a white paper, the distance between lens and white paper is 3 to 5cm, and then press "AWB" and choose "Yes". The screen will show "calibrating" for 3 seconds, and then the auto white balance is completed.

**NOTE**

**Auto white balance only can be used when the device is assembled with adapter.**

**[Standby]**

User can set standby mode to be on or off. Once the mode is on, the LCD panel will be turned off if the system is idle for three minutes. To touch the screen or press OK button to wake up the system.



**[Date Setting]**

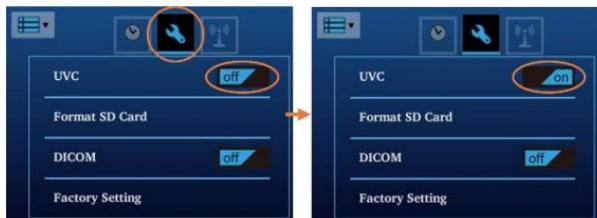
User can change the current date setting from the screen.

**[Time Setting]**

User can change the current time setting from the screen.

**[UVC]**

While connecting the device to a computer via USB cable, the product works as a USB storage device. If UVC mode is on, pictures can be shown both on the LCD panel of the product and the screen of the computer. To display image on the computer, please install webcam application prior to enabling UVC mode. A freeware webcam application (e.g., Horus UVC view, AMCap) is a software that can receive UVC signal on the computer. User can search for relevant information over the Internet.

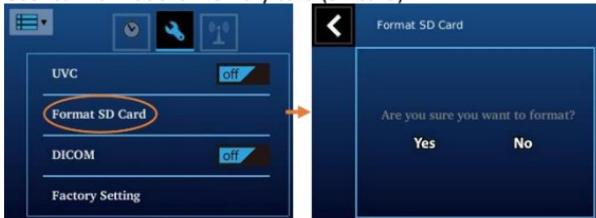


**Horus UVC View**

Free UVC viewer is available in any search engine.

**[Format SD Card]**

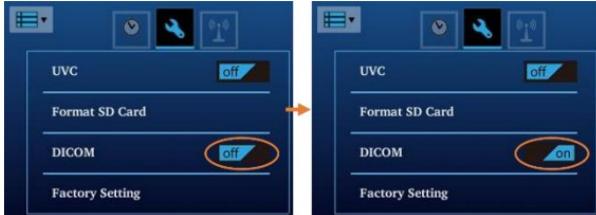
User can format the memory card (SD card).

**NOTE**

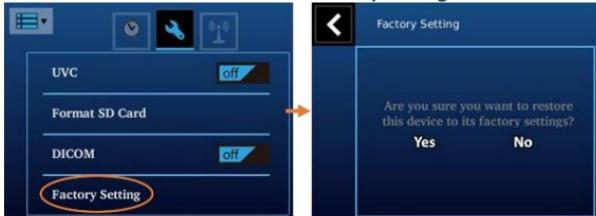
*All information will be deleted after memory card is formatted.*

**[DICOM]**

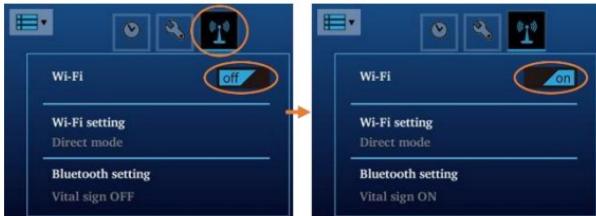
Export image with or without DICOM format.

**[Factory Setting]**

User can recover the device to its factory settings.

**Wireless connection****[Wi-Fi]**

User can turn on/off the Wi-Fi/Bluetooth.

**Note**

*Wi-Fi and Bluetooth function will be turned on at the same time.*

## [Wi-Fi setting – Direct Mode]

User can select “Direct mode” to connect 39-7420-3P with PC directly.



Click “Change” icon to change the password.



## [Wi-Fi setting – AP Mode]

User can select “AP mode” to connect to internet through an AP.

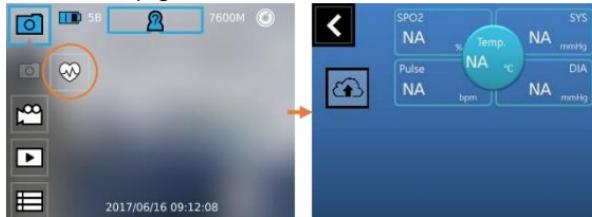


*[Bluetooth setting]*

User can turn on the Bluetooth function and collect the data from specific vital sign devices.



When the Bluetooth is on, the vital sign collection icon will be shown on menu. Click it to enter the collection page.



## B. Digital Eye Fundus Camera

### Enter the Setup mode

#### *Using the [Setup] menu*

It is recommended that all setting items are set according to user's requirements for first time use.

#### *Bring up the [Setup] menu*

Touch the photo icon and then touch the setup icon.



### Exit the [Setup] menu

Once a setting adjustment is made, the new value affects the system immediately. Use the upper back button or the OK button to exit the screen.

### Settings

#### *[Aiming Light/Capture Light]*

The default setting of [Aiming Light/Capture Light] is [IR/White LED]. In the setting, 39-7428 employs IR illumination for alignment and focusing to assure patient comfort. With IR, the user observes fundus images monochromatically. At the moment of pressing the shutter button, the system will turn on the white LED instantly. Static images and motion pictures will be captured in full color.



If the setting is [White LED/White LED], then the user observes images in full color and capture static images and motion pictures in full color.

#### *[IR brightness]*

The IR brightness has 5 levels; the default setting is level 3. The range is from 1 to 5.



**[WHT brightness]**

The WHT brightness has 16 levels; the default setting is level 10. The range is from 0 to 15.

**[Standby]**

User can set standby mode to be on or off. Once the mode is on, the LCD panel will be turned off if the system is idle for three minutes. To touch the screen or press OK button to wake up the system.

**[Date Setting]**

User can change the current date setting from the screen.

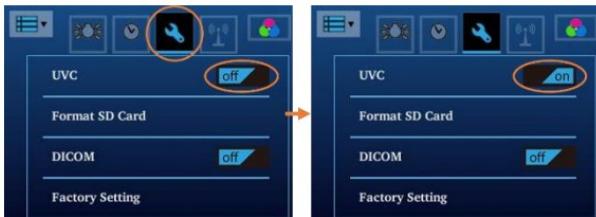
**[Time Setting]**

User can change the current time setting from the screen.



**[UVC]**

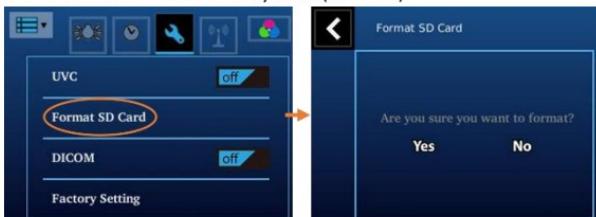
While connecting the device to a computer via USB cable, the product works as a USB storage device. If UVC mode is on, pictures can be shown both on the LCD panel of the product and the screen of the computer. To display image on the computer, please install webcam application prior to enabling UVC mode. A freeware webcam application (e.g., Horus UVC view, Amcap) is a software that can receive UVC signal on the computer. User can search for relevant information over the Internet.

**Horus UVC View**

Free UVC viewer is available in any search engine.

**[Format SD Card]**

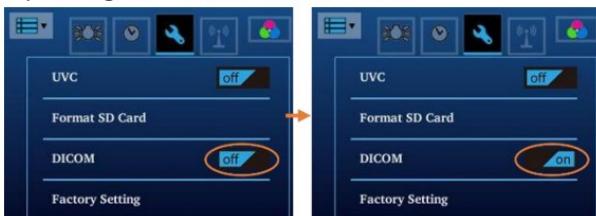
User can format the memory card (SD card).

**NOTE**

**All information will be deleted after memory card is formatted.**

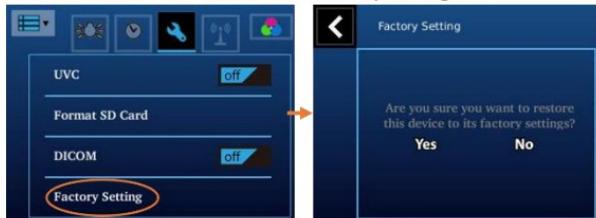
**[DICOM]**

Export image with or without DICOM format.



**[Factory Setting]**

User can recover the device to its factory settings.

**[Red Free Function]**

39-7428 allows digital red free images to be created directly from the information of the initial color image.

You can turn on red free function in the menu as below.



After turn on red free function, it will take more than 3 seconds to do image process after shooting. And there is a red free switch icon at the left-down corner of image. By press the icon to switch image into red free mode.

**Wireless connection****[Wi-Fi]**

User can turn on/off the Wi-Fi/Bluetooth.

**Note**

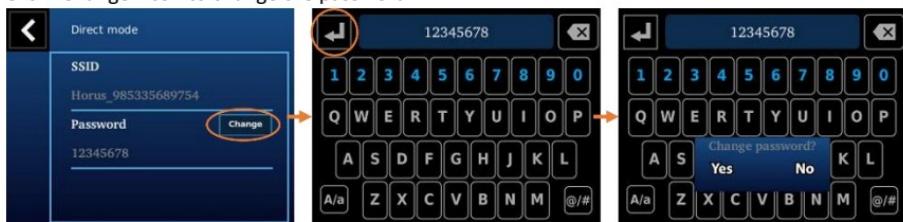
**Wi-Fi and Bluetooth function will be turned on at the same time.**

[Wi-Fi setting – Direct Mode]

User can select “Direct mode” to connect 39-7420-3P with PC directly.

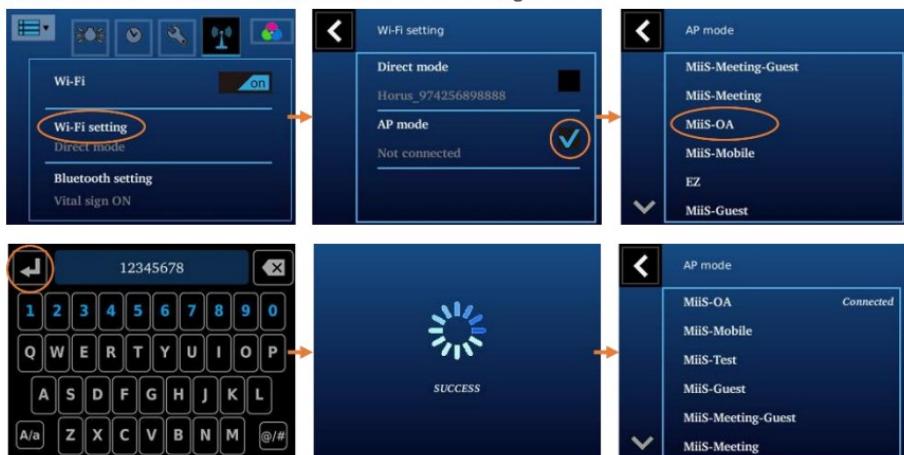


Click “Change” icon to change the password.



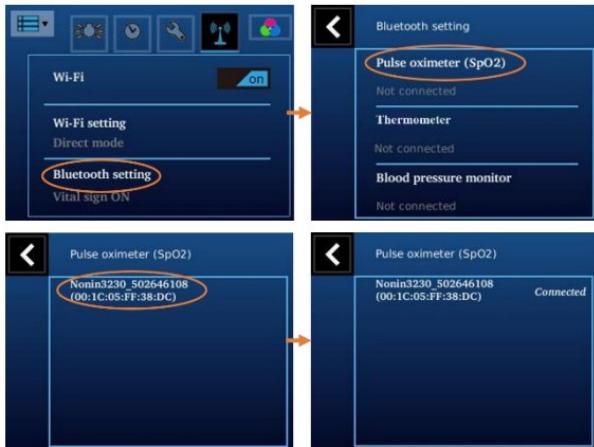
[Wi-Fi setting – AP Mode]

User can select “AP mode” to connect to internet through an AP.

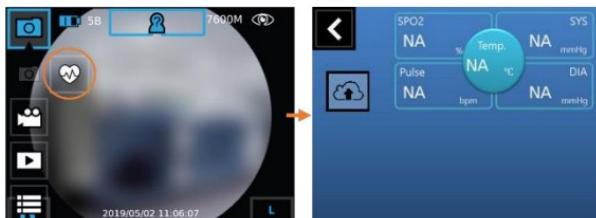


**[Bluetooth setting]**

User can turn on the Bluetooth function and collect the data from specific vital sign devices.



When the Bluetooth is on, the vital sign collection icon will be shown on menu. Click it to enter the collection page.



## Digital Anterior Scope

### Enter the Setup model

Using the [Setup] menu

It is recommended that all setting items are set according to user's requirements for first-time use.

Bring up the [Setup] menu

Touch the photo icon and then touch the setup icon.



### Exit the [Setup] menu

Once a setting adjustment is made, the new value affects the system immediately. Use the upper back button or the OK button to exit the screen.

## Settings

### [Background Illumination]

User can turn on/off and adjust brightness of the background illumination by icon in live view mode. The brightness levels are between 0B to 5B.

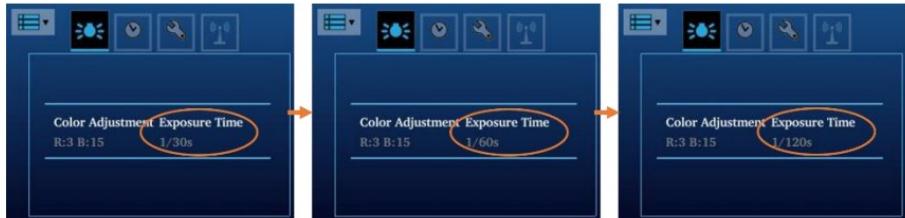


### [Exposure time/Color]

User can adjust Exposure time/Color setting by touching the corresponding column  
1. Color adjusting range from 0 to 20. (Default: R:3, B:15)



2. Exposure time from 1/30" to 1/120". (Default: 1/60")



*[Standby]*

User can set standby mode to be on or off. Once the mode is on, the LCD panel will be turned off if the system is idle for three minutes. To touch the screen or press OK button to wake up the system.



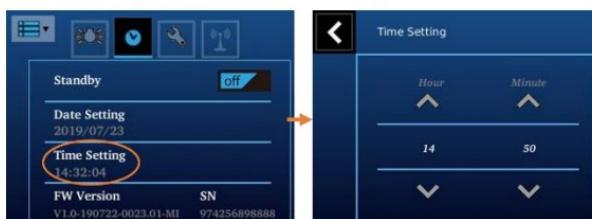
*[Date Setting]*

User can change the current date setting from the screen.



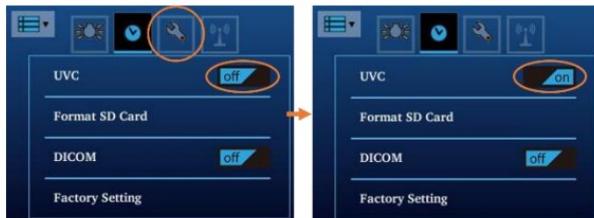
*[Time Setting]*

User can change the current time setting from the screen.



**[UVC]**

While connecting the device to a computer via USB cable, the product works as a USB storage device. If UVC mode is on, pictures can be shown both on the LCD panel of the product and the screen of the computer. To display image on the computer, please install webcam application prior to enabling UVC mode. A freeware webcam application (e.g., Horus UVC view, AMCap) is a software that can receive UVC signal on the computer. User can search for relevant information over the Internet.

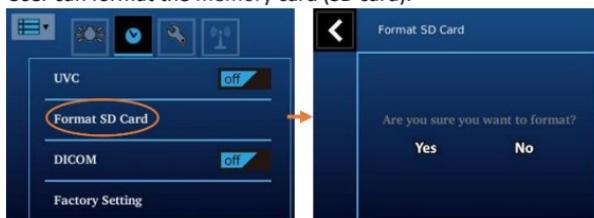


### **Horus UVC View**

Free UVC viewer is available in any search engine.

**[Format SD Card]**

User can format the memory card (SD card).

**NOTE**

**All information will be deleted after memory card is formatted.**

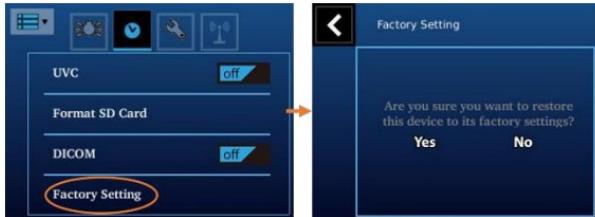
**[DICOM]**

Export image with or without DICOM format.

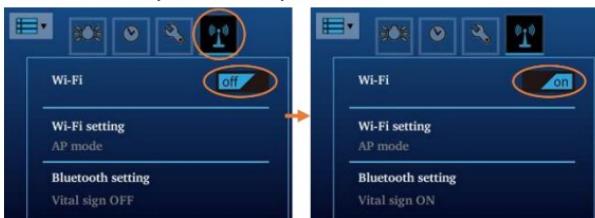


**[Factory Setting]**

User can recover the device to its factory settings.

**Wireless connection****[Wi-Fi/Bluetooth]**

User can turn on/off the Wi-Fi/Bluetooth.

**Note**

**Wi-Fi and Bluetooth function will be turned on at the same time.**

**[Wi-Fi setting – Direct Mode]**

User can select "Direct mode" to connect DSC 300P with PC directly.



Click "Change" icon to change the password.



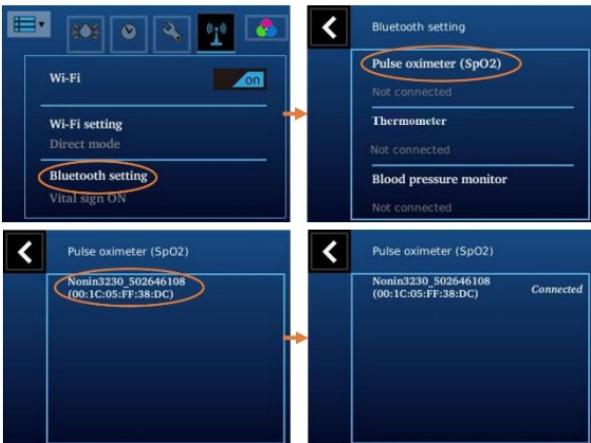
## [Wi-Fi setting – AP Mode]

User can select “AP mode” to connect to internet through an AP.



## [Bluetooth setting]

User can turn on the Bluetooth function and collect the data from specific vital sign devices.



When the Bluetooth is on, the vital sign collection icon will be shown on menu. Click it to enter the collection page.



## Digital Dermatoscope

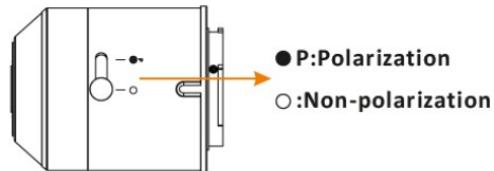
### Choose the type of lens

On the first-time use, User have to choose which lens is used in order to get the optimized settings in the [setup].



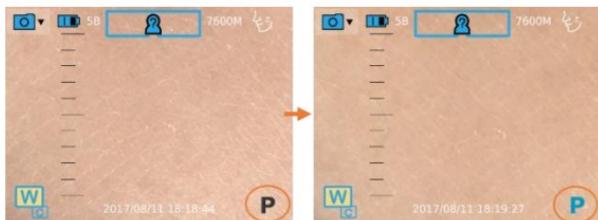
### **Polarization (39-7424)**

User can use the polarization switch on lens to change the light mode.



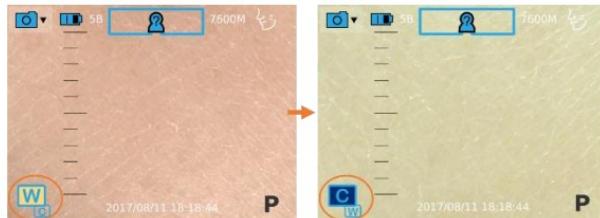
### **Polarization (DDC 200)**

User can turn on the polarization function ( **P** ) to get polarized light, and view the dermis.



**Color temperature adjustment (39-7424-2P)**

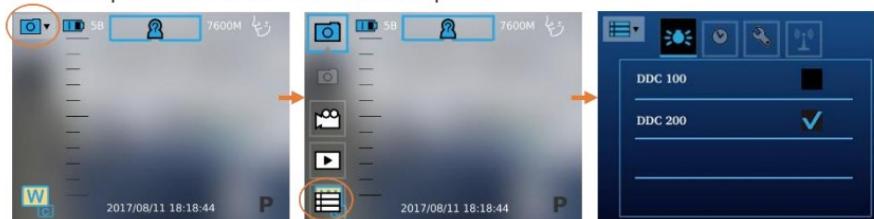
In 39-7424-2P, user can click the color temperature icon (W or C) to get warm or cold color images.

**Enter the Setup model***Using the [Setup] menu*

It is recommended that all setting items are set according to user's requirements for first-time use.

*Bring up the [Setup] menu*

Touch the photo icon and then touch the setup icon.

**Exit the [Setup] menu**

Once a setting adjustment is made, the new value affects the system immediately. Use the upper back button < or the OK button to exit the screen.

**Settings***[Standby]*

User can set standby mode to be on or off. Once the mode is on, the LCD panel will be turned off if the system is idle for three minutes. To touch the screen or press OK button to wake up the system.



**[Date Setting]**

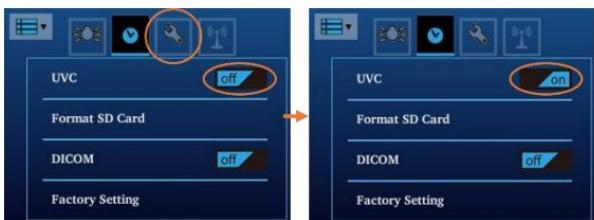
User can change the current date setting from the screen.

**[Time Setting]**

User can change the current time setting from the screen.

**[UVC]**

While connecting the device to a computer via USB cable, the product works as a USB storage device. If UVC mode is on, pictures can be shown both on the LCD panel of the product and the screen of the computer. To display image on the computer, please install webcam application prior to enabling UVC mode. A freeware webcam application (e.g., Horus UVC view, AMCap) is a software that can receive UVC signal on the computer. User can search for relevant information over the Internet.

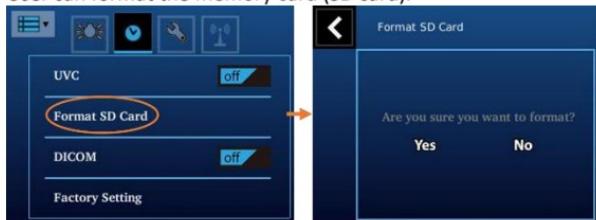


**Horus UVC View**

Free UVC viewer is available in any search engine.

**[Format SD card]**

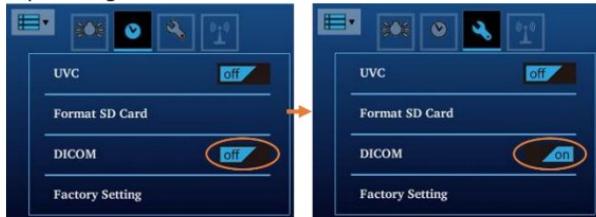
User can format the memory card (SD card).

**NOTE**

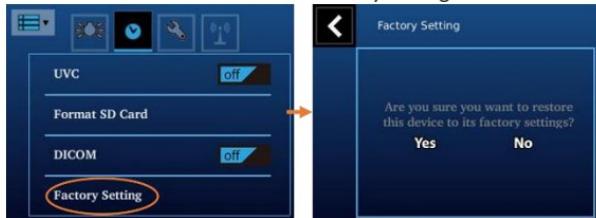
**All information will be deleted after memory card is formatted.**

**[DICOM]**

Export image with or without DICOM format.

**[Factory Setting]**

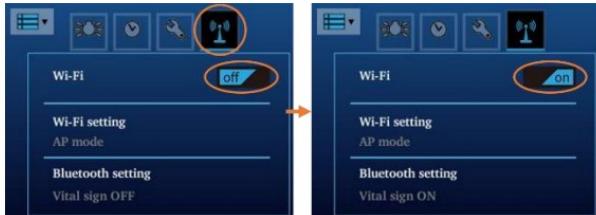
User can recover the device to its factory settings.



---

**Wireless connection****[Wi-Fi/Bluetooth]**

User can turn on/off the Wi-Fi/Bluetooth.

**Note**

**Wi-Fi and Bluetooth function will be turned on at the same time.**

[Wi-Fi setting – Direct Mode]

User can select “Direct mode” to connect 39-7420-3P with PC directly.



Click “Change” icon to change the password.



[Wi-Fi setting – AP Mode]

User can select “AP mode” to connect to internet through an AP.



*[Bluetooth setting]*

User can turn on the Bluetooth function and collect the data from specific vital sign devices.



When the Bluetooth is on, the vital sign collection icon will be shown on menu. Click it to enter the collection page.

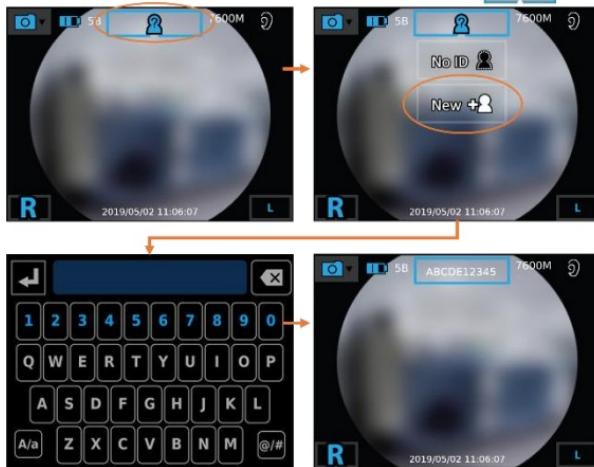


## Entering the patient ID

Using patient ID as partial file name is supported in 39-7420-3P.

### Create a new patient ID from scratch (DICOM off)

By gently pressing the OK button, the user always goes back to a shooting mode, either photo or video mode; from the top information icons, tap  to start the process.

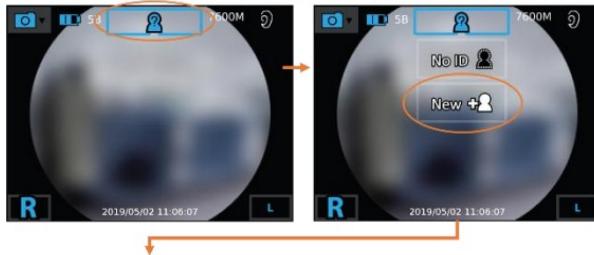


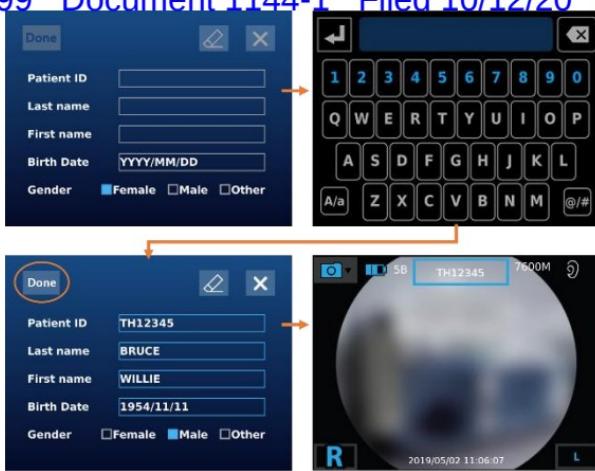
### Create a new patient ID from scratch (DICOM on)

By gently pressing the OK button, the user always goes back to a shooting mode, either photo or video mode; from the top information icons, tap  to start the process.

#### NOTE

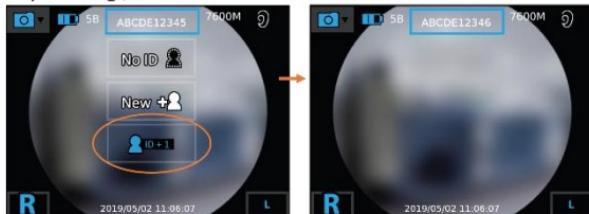
1. All of the information are necessary to finish this step.
2. Please note that the device could only record with 1 patient information.





#### Create a new patient ID on an existing one

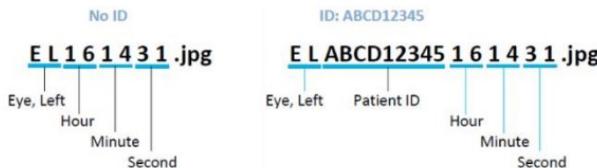
After a patient ID is set, the user can quickly create a new patient ID that is based on the existing ID plus 1 e.g., ABCDE12345 → ABCDE12346.



Meaning of each symbol:

Symbol	Refer to
OL	Left ear photo taken by the otoscope
OR	Right ear photo taken by the otoscope
EL	Left eye photo taken by the eye fundus camera
ER	Right eye photo taken by the eye fundus camera
AL	Left eye photo taken by the eye anterior camera
AR	Right eye photo taken by the eye anterior camera
DM	Epidermis photo taken
DP	Dermis photo taken
GI	Photo taken by general lens
EN	Photo taken by Adapter
HH	Hour
MM	Minute
SS	Second
XXXX	Patient ID, up to 20 characters

Example:



The image name is explained as follows:

EL: Left eye photo taken by the eye fundus camera; hour: 16, minute: 14, and second: 31.  
If the given patient number is ABCD12345, the image name would be written as  
ELABCD12345161431.jpg

## Taking pictures

### Sequence of operations

#### Step 1: Turn on the power

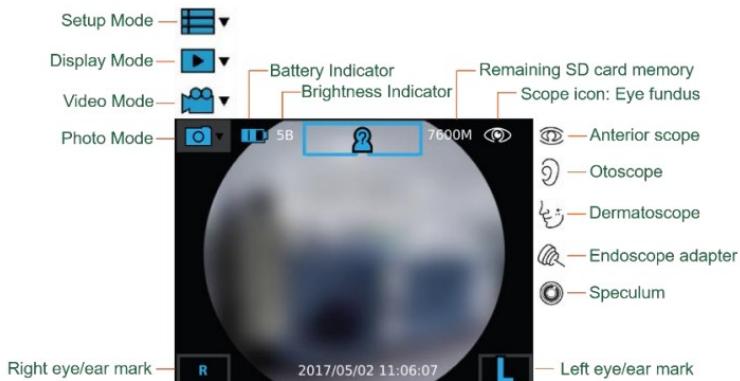
Press the power button to turn on the control unit. Approximately one to two seconds later, the boot screen will appear on the LCD panel. After about 15 seconds, the information icons will appear on the top of the LCD panel.

#### Step 2: Make sure memory card is inserted

Once the memory card has been inserted, the user can start to take photographs in any shooting mode, either photo or video mode.

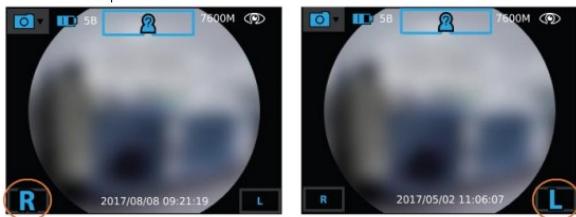
#### Step 3: Choose a shooting mode

Tap the photo or the video mode icon to enter a shooting mode.



#### Step 4: Mark left /right (DOC 300S, DOC 100S, DEC 100, EEC 100, DEA 100(with ILS 100), DEA 200P)

By doing so, the user can tell whether a photo/video is left ear/eye or right ear/eye of examinee record from its file name.



#### Step 5: Aim and preview

Position the camera correctly and adjust to appropriate settings to get a clear preview. The image brightness can only be changed in photo mode. And using the focus wheel to adjust focus manually.

#### Step 6: Press the OK button to shoot.

## Photo mode

The device's default setting is "photo mode." User can take a picture or video in "photo mode" or "video mode," respectively.

Photo mode:

Using focus wheel to adjust focus manually, and then press down OK button to take picture. When a picture is just taken, the screen shows the result image in auto review mode. To leave auto review, gently press the OK button.

To adjust the magnification in live view, user can press the zoom adjustment button, to change the magnification from 1 to 4 times.

To adjust the brightness of the image, user can press the brightness adjustment button of the control unit. The higher value you set, the brighter image you get. Image brightness adjustment range:

Reference brightness table for 39-7428:

	Aiming light (IR)	Capturing light
Light Skin Blond	1B	3-5B
Light Skin Brunette	3B	8-10B
Dark Skin	5B	12-14B

The default setting of aiming light (IR) is 3, and Capture light is 10

**NOTE**

*When taking pictures, please do not remove or insert the memory card and delete pictures, otherwise the system will be abnormal.*

## Video mode

Video mode: Completely press the OK button to start recording. Press again to end recording. For 39-7428, the default setting in video mode of “Aiming Light/Capture Light” is “White/White LED.” During the video shooting, user can press “the brightness adjustment key +” to enhance the white LED for two seconds. It helps capture brighter motion pictures within a video.



### NOTE

*When recording videos, please do not remove or insert the memory card and delete pictures, otherwise the system will be abnormal.*

## Examination conditions of 39-7428

### Examination conditions

After the optical lens is attached to the control unit and setup is complete, the user can start taking images. Approaches for taking the image of human eye fundus are as follows:

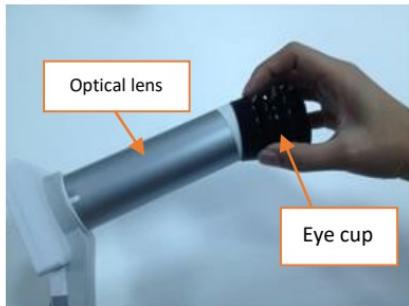
- Have the examinee stay in <5 lux dark room; in such an environment, a newspaper is nearly impossible to see. Remove the patient's glasses. Make sure that the eye's pupil has a diameter larger than 4mm, or be sure to sufficiently dilate in advance.

### Eye Cup Installation

Step 1: Put the eye cup on the front of optical lens.

Step 2: If you want to change the direction of mask wing, one hand holds the lens, the other hand rotates mask to the direction you wanted. The idea is using the mask wing

#### Step.1

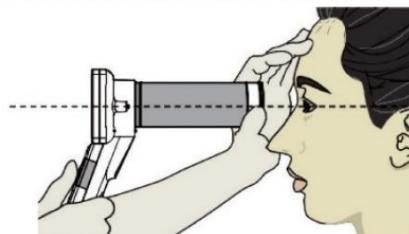


#### Step.2



### Holding position

Holding the control unit with one hand and use the other hand to hold the front side of the lens. Maintain the lens at the same height of the eye being examined. To stabilize the lens, rest the lens on the part of the hand between the thumb and index finger and put your middle and index fingers on the examinee's forehead, as showed in the following image.



View the examined eye keeping the lens horizontal to the examined eye. Then move forward slowly until you can see the optic disk in the controller screen. (For sanitary reasons, make sure the controller lens does not touch the patient's eyes or nose.)

## Q&A troubleshooting of 39-7428

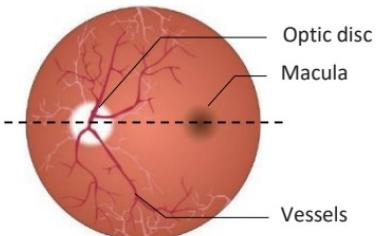
A good image should have two characteristics:

**1. Positions**

The macula and the optic disc are horizontally aligned in the middle.

**2. High contrast**

The macula, optic disc, and vessels are all clear.

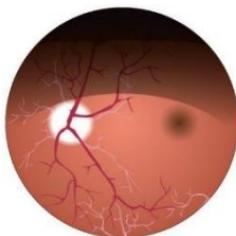
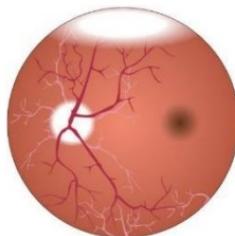
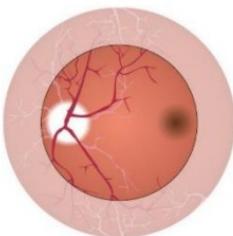


If the above characteristics can't be found in the shot, possible failures might be the following:

1. Small fundus image

2. White hot spot on the top  
of the image

3. Dark shadow on the top  
of the image



The lens is too far away from the examinee's eye.

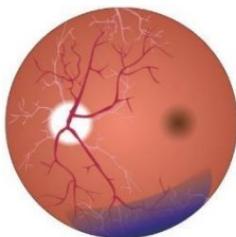
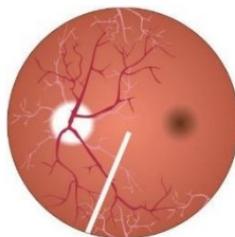
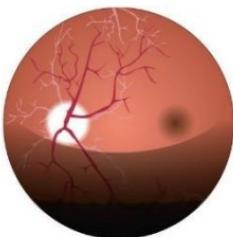
The lens is too close to the examinee's eye.

The lens is much lower than the visual axis.

4. Dark shadow on the bottom of the image

5. Line or spot within the view

6. Blue or white shadow on the bottom of image



The lens is much higher than the visual axis.

Eyelashes are in the light path.

Cornea reflection

## Playback

### Display mode

Touch the photo icon and then the display icon to see the photos that have been taken.

► Display mode:



Click the left or right arrow symbol to go to the previous or next photo, respectively. Click the up or down arrow symbol to backward or forward in days. Click zoom in icon and using two fingers to zoom in and out with pinching. Tap Zoom icon again to return the original scale. Click delete icon to delete photos.

The device does not support the video file display on the control unit. Please download the video file (.avi) to the computer to watch.

### Enlarged viewing

Click zoom in icon and using two fingers to zoom in and out with pinching. Tap Zoom icon again to return the original scale.



### **Deleting pictures**

Tap the delete icon  to delete the image. By using the delete functions on your camera, this only changes the file management information and does not completely delete the data from the memory card. When disposing of or transferring your memory cards, we recommend physically destroying them or using commercially available computer data erasing software to completely delete the data from the card.



## Miscellaneous

### Files transferring

Transfer images to an electronic device (e.g., personal computer, laptop, or mobile phone) via the USB cable or memory card.

It is the health care provider to protect patient health information and to meet regulatory and HIPAA compliance. The images on 39-7420-3P may contain identifiable patient information and it is the responsibility of the health care provider to ensure that data safeguards are implemented to protect patient health information.

### Viewing on a computer/laptop screen

Turn on UVC mode to simultaneously view images both on LCD panel and the computer/laptop screen.

### Viewing on a TV screen

Connect the camera and a TV through the Micro HDMI cable, you can simultaneously view live images on both sides.

## UVC and HDMI

### Photo mode:

When UVC was on and connected with the USB cable, HDMI will be turned off.

### Video mode:

UVC and HDMI always be off.

### Preview and playback mode:

When UVC was on and connected with the USB cable, HDMI will be turned off.

## Technical description

MiiS Horus Scope DSC 300P, control unit:

Focus	Manual focus
Picture Resolution	2560 x 1920 pixels
Video Resolution	2560 x 1920 pixels
LCD Monitor	3.5" TFT LCD
Image Format	JPEG (Photograph) and H.264 (Video)
Interface	Mini USB, Micro HDMI
File Transfer	Mini USB Port to PC with USB cable 1.8m (Shield)
Dynamic Video Output	HDMI output with A-D HDMI cable 2.0m (Shield) USB live video enable from USB port with USB cable 1.8m
File Storage	Memory card, Supports 2GB to 32GB by FAT32 Format.
Dimension	(L)202.5±5% x (W)89 ±5% x (H)79 ±5% mm
Weight	275±5% grams
Power Source	Rechargeable Lithium Battery 3.6V / Capacity 3350mAh
External Power	Source: 100~240 VAC, 50/60 Hz
Power Adapter Spec.	Input Spec.: 100-240Vac, 0.6-0.3A, 50-60Hz; Output Spec.: 5V DC, 1.2A
Charging station Input Spec.	5V DC, 1.2 A
Operating Time	Standby mode: 6 hours Operating mode: 1.5~4.5 hours (Depend on optical lens used)
Charging Time	6 hours by DSC 300P
Expected service life (defined by manufacturer)	5 years from the date of initial operation *Proper maintenance is necessary.

### Series 3 (Digital Otoscope)

- Focus Range : 7~20mm (Typical)
- Dimension : 4.3\*4.3\*7cm (Typical)
- Weight : 69grams (Typical)
- Camera / video light source : Natural white light-emitting diode (LED)

### Series 1 (Digital Otoscope)

- Focus Range : 5~50mm (Typical)
- Dimension : 4.3\*4.3\*7cm (Typical)
- Weight : 69grams (Typical)
- Camera / video light source : Natural white light-emitting diode (LED)

#### Digital Eye Fundus Camera

- View Angle : 40 degree (Typical)
- Diopter : -20 ~ +20D (Typical)
- Dimension : 4.3\*4.3\*12.9cm (Typical)
- Weight : 141grams (Typical)
- Search Fundus Lighting : Natural white light-emitting diode (LED) or infrared LED
- Camera / video flash light : Natural white light-emitting diode (LED)

#### Digital eye anterior camera

- View Area : Wind End (H) 23.88\*(V) 17.71mm (typ. $\pm$ 5%)  
Tele End (H) 11.88\*(V) 8.91mm (typ. $\pm$ 5%)
- Working Distance : 80mm (Typical)
- Illumination Angle :  $\pm$ 45 degree (typ. $\pm$ 5%)
- Slit Length : 10mm (typ. $\pm$ 10%)
- Slit Width : 0.2~10mm
- Slit Width Selection :  $\le$ 0.2, 0.2, 0.5, 2.0, 5.0,  $\Phi$ 10mm
- Filter : Transparent, Cobalt blue, Red-free (Green)
- Light : Conform to group II of ISO 15004-2:2007
- Weight : 580grams (Typical)

#### Digital Anterior Scope

- View Angle : 11 (V)\*19.6 (H)\*22.47mm (Diagonal) @Working Distance 30 mm (Typical)
- Dimension : 4.3\*4.3\*4.5cm (Typical)
- Weight : 48grams (Typical)
- Camera / video light source : Natural white light-emitting diode (LED)
- LED Switching Button : Switch to blue LED by the LED Switching Button to take fluorescence image of cornea.

#### Illumination Light Source

- View Area : 25.02mm (Typical)
- Working distance : 80mm
- Weight : 38grams (Typical)
- Illumination Angle (degrees) :  $\pm$  45 degree (Typical)
- Slit Length (mm) : 10mm (Typical)
- Min Slit Width (mm) : <0.2 mm

- Max Slit Width (mm) : Equal to slit length (10mm)
- Slit Width Selection : <0.2, 0.2, 0.5, 2, 5, φ10mm
- Filter : Transparent, Cobalt Blue, Red-free (Green)
- Light : Conform to Group II of ISO 15004-2:2007(E)
- Weight : 345g (typ., include forehead stopper)
- Dimension : 178\*160\*107mm
- Power source : Rechargeable Li-ion Battery 3.7V/800mAh (2.96Wh)
- Operation time : 90 minutes for continuously use

#### Series 2 (Digital Dermatoscope)

- View Angle : 20mm diameters (Diagonal) (Typical)
- Dimension : 5.5\*5.5\*3.45cm (Typical)
- Weight : 65grams (Typical)
- Camera / video light source : Natural white light-emitting diode (LED)
- Polarization function : Polarized light changed by the icon on touch screen

#### Series 1 (Digital Dermatoscope)

- View Angle : 10mm diameters (Diagonal) (Typical)
- Dimension : 4.5\*4.5\*5.6cm (Typical)
- Weight : 114grams (Typical)
- Camera / video light source : Natural white light-emitting diode (LED)
- Polarization function : Polarized light changed by the switch on lens

#### Digital Speculum

- View Angle : 88 degree (Diagonal) (Typical)
- Dimension : 4.3\*4.3\*2.4cm (Typical)
- Weight : 48grams (Typical)
- Camera / video light source : Natural white light-emitting diode (LED)

#### Horus Scope Adapter, Endoscope adapter

- Dimension : 5.0\*5.0\*1.8cm (Typical)
- Weight : 38grams (Typical)

## Liability

Manufacturer considers itself responsible for the effects on safety, reliability, and performance of the device only if

- Assembly operations, extensions, readjustments, modifications or repairs are carried out by persons authorized.
- The electrical installation of the relevant room complies with the requirements.
- The equipment is used in accordance with these instructions for use.

## Disposition

- ⚠ Follow the local governing ordinances and recycling plans regarding disposal or recycling of device components, especially when disposing of the lithium ion battery, circuit board, plastic parts that contain brominated flame retardant, LCD, or power cord.
- ⚠ Follow the local governing ordinances and recycling plans when disposing of the circuit board with the lithium battery. Inappropriate disposal may contaminate the environment.
- ⚠ When disposing of packing materials, sort them by material and follow local ordinances and recycling regulations.
- ⚠ Inappropriate disposal may contaminate the environment.
- ⚠ When disposing of eyecup, follow the disposal procedures for medical waste such as needles, infusion tubes, and metal instruments for surgery as specified by your medical facility to avoid infection outside the facility and environmental pollution.

## Symbols and standards

### Symbols

	<b>CAUTION</b> The caution statements in this manual identify conditions or practices that could result in damage to the equipment or other property, or loss of data.
	Type BF-Indicates this is a product with Type BF applied parts. The device is complying with IEC 60601-1:2005.
	Operating Instructions for Use.
	Mandatory - Consult Directions for Use
	Manufacturer
	Date of Manufacture
	CE-mark Note: Minimum height of CE is 5mm.
	Non-ionizing electromagnetic radiation
	The identification number assigned by the Federal Communication Commission 2AFB3M-DSC300
	Certification for Taiwan NCC ID: CCAJ19LP7630T2
	HDMI (High Definition Multimedia Interface) Confirmation Number: ST-19-039
	European Authorized Representative
	Catalogue Number
	Global Trade Item Number

<b>LOT</b>	Lot number
<b>SN</b>	Serial Number
	GS1 Data Matrix
<b>Rx ONLY</b>	Medical Prescription only
— ---	Direct current
 Li-ion	Recycling lithium-ion batteries
	Specific Battery Recycling
	Disposal of noncontaminated electrical and electronic equipment
	This product had an internal rechargeable battery with a Class II power supply.

**Standards**

Electrical safety	IEC 60601-1:2005+A1:2012 (EN 60601-1:2006+A1:2013)
EMC and regulatory compliance	IEC 60601-1-2:2014 (EN 60601-1-2:2015)
Ophthalmic instruments-Fundamental requirements and test methods Part 2: Light hazard protection	ISO 15004-2:2007
Ophthalmic instruments - Fundamental requirements and test methods - Part 1: General requirements applicable to all ophthalmic instruments	ISO 15004-1:2006
General radio compliance	Federal Communications Commission (FCC) Innovation, Science and Economic Development Canada's (ISED) National Communications Commission (NCC)

- Equipment connected to the analog or digital interfaces must be certified according to the representative appropriate national standards (such as EN 60601-1 and IEC 60601-1). Furthermore, all configurations shall comply with the system standard IEC 60601-1. Anyone who connects additional equipment to the signal input part or signal output-part configures a medical system and is therefore responsible for the system complying with the requirements of the system standard IEC 60601-1. If in doubt, consult the technical service department of your local representative.

**IC**

Innovation, Science and Economic Development Canada

This device complies with Industry Canada licence-exempt RSS standard(s).

Operation is subject to the following two conditions:

- (1) this device may not cause interference, and
- (2) this device must accept any interference, including interference that may cause undesired operation of the device.

Innovation, Sciences et Développement économique Canada

Le présent appareil est conforme aux CNR d'Industrie Canada applicables aux appareils radio exempts de licence. L'exploitation est autorisée aux deux conditions suivantes:

- (1) l'appareil ne doit pas produire de brouillage, et
- (2) l'appareil doit accepter tout brouillage radioélectrique subi, même si le brouillage est susceptible d'en compromettre le fonctionnement.

**NCC**

第十二條

經型式認證合格之低功率射頻電機，非經許可，公司、商號或使用者均不得擅自變更頻率、加大功率或變更原設計之特性及功能。

第十四條

低功率射頻電機之使用不得影響飛航安全及干擾合法通信；經發現有干擾現象時，應立即停用，並改善至無干擾時方得繼續使用。

前項合法通信，指依電信法規定作業之無線電通信。

低功率射頻電機須忍受合法通信或工業、科學及醫療用電波輻射性電機設備之干擾。

**SAR**

The device is designed and tested to meet the applicable limits for radio frequency (RF) exposure established by the Federal Communications Commission (U.S.A.) Specific Absorption Rate; (SAR) refers to the rate at which the body absorbs RF energy.

The minimum allowable SAR distance is 5 mm, and the maximum allowable SAR limit is 4.0 W/kg, averaged over 10 gram of tissue for the device. The following SAR values were measured during product certification, 1.060 W/kg with a (0mm gap) a value well below the maximum allowable limit of 4.0 W/kg.

L'appareil est conçu et testé pour respecter les limites applicables aux fréquences radio (RF) exposition établie par la Federal Communications Commission (États-Unis).

Taux d'absorption; (SAR) fait référence à la vitesse à laquelle le corps absorbe de l'énergie RF. La distance DAS minimale autorisée est de 5 mm et la limite DAS maximale admissible est de 4,0 W / kg, avec une moyenne de 10 grammes de tissu pour le périphérique. Les valeurs de DAS suivantes ont été mesurées lors de la certification du produit, à 1,060 W / kg avec un (écart de 0 mm), une valeur bien inférieure à la limite maximale autorisée de 4,0 W / kg.

**EMC (Electromagnetic Compatibility)**

The device complies with the International Electrotechnical Commission standards (IEC 60601-1-2: 2014) for electromagnetic compatibility as listed in the tables below. Follow the guidance in the tables for use of the device in a Professional Healthcare Environment.

**EMC (IEC 60601-1-2: 2014)**

Guidance and manufacturer's declaration - electromagnetic emissions		
The device is intended for use in the electromagnetic environment specified below. The customer or the user of the device should assure that it is used in such an environment.		
Emissions Test	Compliance	Electromagnetic environment - guidance
RF emissions CISPR 11	Group 1	The device uses RF energy only for its internal function. Therefore, its RF emissions are very low and are not likely to cause any interference in nearby electronic equipment.
RF emissions CISPR 11	Class B	The device is suitable for use in all establishments, including domestic establishments and those directly connected to the public low voltage power supply network that supplies buildings used for domestic purposes.
Harmonic emissions IEC 61000-3-2	Class A *1	
Voltage fluctuations/ Flicker emissions IEC 61000-3-3	*2	

\*1 For the regions where the rated voltage is 220 V or greater, this device complies with class A. For the regions where the rated voltage is 127 V or less, this standard is not applicable.

\*2 For the regions where the rated voltage is 220 V or greater, this device complies with this standard. For the regions where the rated voltage is 127 V or less, this standard is not applicable.

Guidance and manufacturer's declaration - electromagnetic immunity			
The device is intended for use in the electromagnetic environment specified below. The customer or the user of the device should assure that it is used in such an environment.			
Immunity test	IEC 60601 test level	Compliance level	Electromagnetic environment - guidance
Electrostatic Discharge (ESD) IEC 61000-4-2	±8 kV contact ±2, 4, 8, 15 kV air	±8 kV contact ±2, 4, 8, 15 kV air	Floor should be wood, concrete or ceramic tile. If floors are covered with synthetic material, the relative humidity should be at least 30%.
Electrical fast transient/burst IEC 61000-4-4	±2 kV for power supply lines ±1 kV for input/output lines	±2 kV for power supply lines ±1 kV for input/output lines	Mains power quality should be that of a typical commercial or hospital environment.
Surge IEC 61000-4-5	±0.5, 1 kV line(s) to line(s); ±0.5, 1, 2 kV Line to ground	±0.5, 1 kV line(s) to line(s); ±0.5, 1, 2 kV Line to ground	Mains power quality should be that of a typical commercial or hospital environment.
Voltage, dips, short interruptions and voltage variations on power supply input lines IEC 61000-4-11	0% Ur for 0.5 cycle (1 phase) 0% Ur for 1 cycles 70% Ur for 25/30 cycles (50/60 Hz) 0% Ur for 250/300 cycles (50/60Hz)	0% Ur for 0.5 cycle (1 phase) 0% Ur for 1 cycles 70% Ur for 25/30 cycles (50/60 Hz) 0% Ur for 250/300 cycles (50/60Hz)	Mains power quality should be that of a typical commercial or hospital environment. If the user of the device requires continued operation during power mains interruptions, it is recommended that the device be powered from an uninterruptible power supply or a battery.
Power frequency (50 or 60 Hz) magnetic field IEC 61000-4-8	30 A/m (50 or 60 Hz)	30 A/m at 50 Hz	Power frequency magnetic fields should be at levels characteristic of a typical location in a typical commercial or hospital environment.

NOTE: Ur is the a.c. mains voltage prior to application of the test level.

Guidance and manufacturer's declaration - electromagnetic immunity			
The device is intended for use in the electromagnetic environment specified below. The customer or the user of the device should assure that it is used in such an environment.			
Immunity test	IEC 60601 test level	Compliance level	Electromagnetic environment - guidance
Conducted RF IEC 61000-4-6	3 Vrms at 0.15 – 80 MHz & 6V at ISM Frequency	3 Vrms (V1=3) at 0.15 – 80 MHz & 6V at ISM Frequency	Portable and mobile RF communications equipment should be used no closer to any part of the device, including cables, than the recommended separation distance calculated from the equation applicable to the frequency of the transmitter.  Recommended separation distance $E = \frac{6}{d} \sqrt{P}$
Radiated RF IEC 61000-4-3	3 V/m 80 MHz to 2.7 GHz 80% AM at 1kHz	3 V/m (E1=3) 80 MHz to 2.7 GHz 80% AM at 1kHz	where P is the maximum output power rating of the transmitter in watts (W) according to the transmitter manufacturer and d is the recommended separation distance in meters (m).  Field strengths from fixed RF transmitters, as determined by an electromagnetic site survey, <sup>a</sup> should be less than the compliance level in each frequency range <sup>b</sup>  Interference may occur in the vicinity of equipment marked with the following symbol: 

NOTE 1: At 80 MHz and 800 MHz, the higher frequency range applies.

NOTE 2: These guidelines may not apply in all situations. Electromagnetic propagation is affected by absorption and reflection from structures, objects and people.

<sup>a</sup> Field strengths from fixed transmitters, such as base stations for radio (cellular/cordless) telephones and land mobile radios, amateur radio, AM and FM radio broadcast, and TV broadcast cannot be predicted theoretically with accuracy. To assess the electromagnetic environment due to fixed RF transmitters, an electromagnetic site survey should be considered. If the measured field strength in the location in which the device is used exceeds the applicable RF compliance level above 3V/m., the device should be observed to verify normal operation. If abnormal performance is observed, additional measures may be necessary, such as reorienting or relocating the device.

<sup>b</sup> Over the frequency range 150 kHz to 80 MHz, field strengths should be less than 3 V/m.

**Test specifications for enclosure port immunity to RF wireless communications equipment**

Test frequency (MHz)	Band <sup>a</sup> MHz	Service <sup>a</sup>	Modulation <sup>b</sup>	Maximum power (W)	Distance (m)	Immunity test level (V/m)
385	380-390	TETRA400	Pulse modulation <sup>b</sup> 18 Hz	1.8	0.3	27
450	430-470	GMRS460, FRS460	FM <sup>c</sup> ±5kHz deviation 1 kHz sine	2	0.3	28
710	704 -787	LTE band 13,17	Pulse modulation <sup>b</sup>	0.2	0.3	9

**Test specifications for enclosure port immunity to RF wireless communications equipment**

745			217 Hz				
780							
810	800-960	GSM 800/900, TETRA800, iDEN 820, CDMA 850, LTE Band 5	Pulse modulation <sup>b</sup> 18 Hz	2	0.3	28	
870							
930							
1720	1700-1990	GSM 1800; CDMA 1900; GSM 1900; DECT; LTE Band 1,3,4,25; UMTS	Pulse modulation <sup>b</sup> 217 Hz				
1845					2	0.3	28
970							
2450	2400-2570	Bluetooth, WLAN, 802.11 b/g/n, RFID 2450, LTE Band 7	Pulse modulation <sup>b</sup> 217 Hz	2	0.3	28	
5240	5100-5800	WLAN 802.11 a/n	Pulse modulation <sup>b</sup> 217 Hz	0.2	0.3	9	
5500							
5785							

<sup>a</sup> For some services, only the uplink frequencies are included.

<sup>b</sup> The carrier shall be modulated using a 50 percent duty cycle square wave signal.

<sup>c</sup> As an alternative to FM modulation, 50 percent pulse modulation at 18 Hz may be used because while it does not represent actual modulation, it would be worst case.



**WARNING** Portable RF communications equipment (including peripherals such as antenna cables and antennas) should be used no closer than 30 cm (12 inches) to any part of the device, including cables specified by the manufacturer. Otherwise, degradation of the performance of this equipment could result.

The minimum separation distance for higher immunity test levels shall be calculated using the following equation:  $E = \frac{6}{d} \sqrt{P}$ , where P is the maximum power in watts (W), d is the minimum separation distance in meters [m],

and F is the immunity test level in V/m.



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**horus**  
SCOPE